79-01367 The same of the same of the same of Market Company of the State of Brown and Phillips of the Mile Hills . Com the best that Creation C/10, On the tries Continued to the continued reorge 4. Conce soul witchie news

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDOLE 2n DATE OF DEATH I. DECEASED NAME 26 HOUR (TYPE OR PRINT) TRAVIS S SHANK 1979 JANUARY 0:50P 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) UNDER 1 YEAR IF UNDER 24 MRS MONTH DAYS 16.1978 Dec MATER white M BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY Maryland WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 12ª USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore JOHNS HOPKINS HOSPITAL none none USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN Washingtor YES [] NOT Marvland 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME FIRST MIDOLE Thacker Sandra Allen Shank Rodnev ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Aville Shank.R.D.# 3Greencastle, Pa no none APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for SHAUSISTIU TARILIATION PART I. DEATH WAS CAUSED BY MIN Conditions, if ony, which gove rise to immediate couse (o), stoting the OF GREAT UESSES PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 71e PLACE OF INJURY 211 LOCATION 71d INJURY OCCURRED CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. STATE WHILE NOT WHILE AT WORK AT WORK 22a I certify that (this haspital) attended the deceased from sow the deceased alive on and that in (my) (prince) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did corrview the body after death 226 SIGNATURE DEGREE TO FUNERAL DIRE should be detoche with the State Deb IMPORTANT, If he ATTENDING MEDICAL PHYSICIAN | DIRECTOR | PHYSICIAN 22d PHYSICIAN'S NAME 22e ADDRESS 231. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL 23b. DATE 23d. LOCATION CemWashington Co.Maryland BP. Buria DATE-REC'D BY REGISTRAR 256 REGISTRAR S'SIGNATURE DHMH-16 50M 7/77 (VR A 15 (4))

FOR - STATE

7922

Wise Avenue, Dundalk, MD

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-01369

41		REGISTRAR		CERTIFI	CAIL OF DEATH	REG. N	10.		
		ECEASED NAME FIRST	MIDDLE	LA	ST .	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	("	JOHN JOHN	N KERR	SI	HATZER, SR	JANUARY	19,	1979	5:15A
	3 5	EX	4 RACE	5. DATE OF	F BIRTH TEAR	AGE (IN YEARS LAST BI	THDAY)	#F UNDER 1 YEAR	IF UNDER 24 HR
	M	ale	White	4 /	5 /1898	80	YRS		HOURS MIN
		BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
175		ennsylvania	U.S.A.	WIDOWED		Baltimo	re C	lity	٨
0	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI  (IF NOT IN SUCH FACILITY, GIVE STREE		OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS C
3	/	altimore	Church Home	and H	ospital	Electric			. Stee
3		UAL RESIDENCE (IF NURSING HOME STATE 136 CO Laryland	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 130 CITY OR TOVE Baltin		136 INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET ADDRESS 5204 Pla	infi	eld Av	enue
July .	14	FATHER'S NAME	MIDDLE LAST		IS. MOTHER'S MAIDEN NAM			1.A5	
10	J	acob	Shatze	er	Mary	WIDDLE		Thomps	
9	160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL SEC	URITY NO.	17 INFORMANT	5204 APO	asinf		
med /	N	O (TES, NO OR UNKNOWN)	189-09-	-6621	Martha H. S	Shatzer	Balt	to.MD	21206
-	-	IL CAUSE OF DEATH IEnter	anly one cause per line for (a) (b) at				-	APPROX	ONSET AND DEAT
L'a		PART I. DEATH WAS CAU	only one cause per line for (a), (b), at CARCING	OMA OI	THE BLADDE	ER			DOM: HIND DATE
Ù		I (I ( ) ( ) IMMED	ATE CAUSE (a)						
		1/889	DUE TO, OR AS A CONSEOU	JENCE OF					
		Conditions, if ony, which	(b)				914		
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	IENICE OF					
5		underlying couse last	DOE TO, OR AS A CONSECU	DEIACE OF				di an	
5		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT N	NOT RELATED TO THE TERMIN	VALDISEASE OR COM	ADITION (	SIVEN IN PART 10	a)
	NO								
-	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION				YES, WERE FINDIN	
2	트	The state of the s				TIFYING CAUSES	YING CAUSES OF DEATH?		
$\simeq$	금	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCURRE	YES NOTE NATURE OF INIT			110
9		OR CONTRIBUTION CALLES OF	110000 1 11 11000000	DAY YEAR	THE	Content of the		b, rant ron rant by	
	₽	(IF EITHER, NOTIFY MEDICAL EXAMIN		19					
5	MEDICAL	21d. INJURY OCCURRED	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OF TO	WN	COUNTY	STATE
T K G	1	AT WORK AT WORK							101 630
Í		22a.1 certify that (II this ha	spital attended the deceased from.		-13 19 <u>79</u>		19	19 /9	that (I) we
		saw the deceased alive	an 1-19 19 19 nat) view the bady after deaths.	79,000	that in (my Caur) opinian de	eath occurred an the o	late and h	aur and fram the	couses state
E		22b. SIGNATURE	O D R . ()	D	EGREE			224. DATE	SIGNED
=		111 hubs	whiteex		ATTENDING	MEDICAL STA		17/7	25/49
/ J	-	22d. PHYSICIAN'S NAME (TYP	O DOUBLE			CH HOSPIT		CORPORA	TITON
2 1					CHOIR				
2		WALKER A.			100 N. BROZ		7T.T. TI	MORE, M	עו
	230	BURIAL, CREMATION, REMOV			METERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
		Burial	1/22/79 Ga	ardens	of Faith	Baltim	ore,	Maryla	and
,	24.	FUNERAL DIRECTOR Duda	-Ruck, Incappress		25 PATE	REC'S PORECOSTRA	25bulles	BTRAKE STOWN	HORE
		7022 Taling Arr		MD	21222 JAN	66 1313		/	

21222

Pode- nex, line. 7022 to an Ave. Bondalls, ad.

S. O. Milwell



## FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-01371

										24 110110
	CEASED NAME OR PRINT)	FIRST		AIDDLE	01	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR
		nnie			or	naw	0.0	1-8	2 1979	76
3. SEX		1	PACE	1.	S. DATE O		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24
1	-emale	1	Glac	K	MONTH 3-	10-1875	103	YRS.	MONTHS DAYS	HOURS /
	RTHPLACE ISTATE OF FO	REIGN 76	CITIZEN OF V	WHAT COUNTRY	Y? 8	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	Y OF DEATH	
No.	n/4 CAROL	NA	USH	2.	WIDOWE	- 4	10179			
10 CI	DITIMOLE L	IN L		OSPITAL, NURS		w fayofk St	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST C		12b. KIND C INDUSTRY	F BUSINESS
13a. S	AL RESIDENCE (IF NURS	13b COUNTY		13c CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	Trans.	ode G	_
14 FA	THER'S NAME	MIDI	DLE	LAST	100	15. MOTHER'S MAIDEN NAM	ME MIDDLE	cage	tAS	t
	VAS DECEASED EVER			166 SOCIAL SEC	CURITY NO.	17. INFORMANT	ADDR	ESS		
(4)	ES, NO OR UNKNOWN)	(IF YES, GIVE WA	AR OR DATES)	214-70	1-9616	Selma Hill	1011 Was	et Pa	watta	Ctro
	18 CAUSE OF DEATI	1.5				Derma nii.	TOTT ME	st ra	APPROXI	MATE INTERVA
	Conditions, if ony, gove rise to imm couse to, statin underlying couse	nediote g the	(b)	AS A CONSEO	BE					
TION	gove rise to imm couse (a), statin underlying couse  PART 2. OTHER SIGN	nediote g the lost.  NIFICANT CON	DUE TO, OR  (c)  NOITIONS CO	AS A CONSEO DITRIBUTING TO	DUENCE OF	NOT RELATED TO THE TERM			M. F	
TIFICATION	gove rise to imm cause (a), statin underlying couse	nediote g the lost.  NIFICANT CON	DUE TO, OR  (c)  NOITIONS CO	AS A CONSEO DITRIBUTING TO	DUENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON  200 AUTOPSY?  YES \( \text{VES} \( \text{VES} \)	20b. IF YES	S, WERE FINDING CAUSES	IGS USED
CERTIFIC	gove rise to imm couse lol, stotin underlying couse PART 2. OTHER SIGN 190. DATE OF OPERATOR CONTRIBUTING CIFETHER, NOTIFY MEDIC.	INFICANT CONTROL OF THE PROPERTY OF THE PROPER	DUE TO, OR  NOTTIONS CO  19b CONOT  21b. TIME OF HOUR A.A.  P.A.	AS A CONSECUTIVE TO A SECULIAR	DEATH BUT	N WAS PERFORMED  21c. HOW INJURY OCCURE	280 AUTOPSY?	20b. IF YES	S, WERE FINDIN FYING CAUSES ES	IGS USED OF DEATH
CAL	gove rise to imm couse ioi, stotin underlying couse PART 2. OTHER SIGN 190. DATE OF OPERAT	HIFICANT COP  TO BILL  HIFICANT COP  HIFICANT COP  TO BILL  HIFICANT COP  TO BILL  HIFICANT COP  TO BILL  HIFICANT COP  HIFICANT CO	DUE TO, OR  NOIT IONS CO  19h CONOI  21h TIME OF HOUR A.A.  21e PLACE C	AS A CONSECUTIVE TO A SECULIAR	DEATH BUT  CH OPERATION  DAY YEAR  19	N WAS PERFORMED	280 AUTOPSY?	20b. IF YES IN CERT IF YE RY IN ITEM 18, F	S, WERE FINDIN FYING CAUSES ES	IGS USED OF DEATH
	gove rise to immacouse iol, storin underlying couse PART 2. OTHER SIGN  190. DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING NOTIFY MEDIC.	HIFICANT CON HIFT HIFICANT CON HIFICANT CON HIFICANT CON HIFICANT CON HIFICANT CON HIFT HIFICANT CON HIFICANT CON HIFT HIFICANT CON HIF	DUE TO, OR  NDITIONS CO  19b CONOT  21b. TIME OF HOUR A.A. P.A.  21e PLACE C (AT HOME, STRI	AS A CONSEO ENTRIBUTING TO MANUAL TO THE T	DUENCE OF  DEATH BUT  CH OPERATION  DAY YEAR  19  E, FARM, ETC.)	216. HOW INJURY OCCURS 216 LOCATION STREET	20a AUTOPSY?  YES NOTE	20b. IF YES IN CERTIF YE RY IN ITEM 18, F	S, WERE FINDING CAUSES ES PART 1 OR PART 2)  COUNTY	GS USED OF DEATH NO STAT
MEDICAL	gove rise to immoduse only stating underlying couse  PART 2. OTHER SIGN  190. DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING (FEITHER, NOTHEY MEDIC.)  21d. INJURY OCCURR WHILE NOTHEY MEDIC.  22a. I certify thou sow the decease obove of weer of the country of the countr	HELDEN CONTROL OF THE	DUE TO, OR  DUE TO, OR  IC'  I'D'  I'D'  I'D'  ZIb. TIME OI  HOUR A.A. P.A.  ZIe PLACE C  (AT HOME, STRI	AS A CONSEO ENTRIBUTING TO MANUAL TO THE T	DEATH BUT  CH OPERATION  DAY YEAR  19  E. FARM, ETC.)	216. HOW INJURY OCCURE 216. LOCATION STREET  d that in (our) opinion of the company of the compa	200 AUTOPSY?  YES NOTED NATURE OF INJU  CITY OR TOWN  death occurred on the death occurred occurred on the death occurred oc	20b. IF YES IN CERTIF YE IN CERTIF YE IN ITEM 18, F	S, WERE FINDING CAUSES ES PART 1 OR PART 2)  COUNTY	STATE
MEDICAL	gove rise to immacouse iol, storin underlying couse PART 2. OTHER SIGN 190. DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING COURT (IF EITHER, NOTIFY MEDIC.) 210 INJURY OCCURE WHILE NOTIFY MEDIC. 210 INJURY OCCURE WHILE NOT WAT WORK Sow the decease obove 1) (we see so	ALEXAMINER)  (this hospital)  (this hospital)  (this hospital)  (this hospital)  (this hospital)  (this hospital)	DUE TO, OR  DUE TO, OR  IC'  I'D'  I'D'  I'D'  ZIb. TIME OI  HOUR A.A. P.A.  ZIe PLACE C  (AT HOME, STRI	AS A CONSEO ENTRIBUTING TO MONTH OF WHICE FINJURY M. MONTH M.	DEATH BUT  CH OPERATION  DAY YEAR  19  E. FARM, ETC.)	216. HOW INJURY OCCURS 216 LOCATION STREET  19 d that in my (our) opinion of	200 AUTOPSY? YES NOTED RED (ENTER NATURE OF INJU  CITY OR TOV  deoth occurred on the d  MEDICAL STA  DIRECTOR PHYSIC	20b. IF YES IN CERTIFYER YER IN ITEM 18, F	S, WERE FINDING CAUSES S COUNTY COUNTY 19 22 ,	STATE
WEDICAL 230. B	gove rise to immoduse only stating underlying couse  PART 2. OTHER SIGN  190. DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING (FEITHER, NOTHEY MEDIC.)  21d. INJURY OCCURR WHILE NOTHEY MEDIC.  22a. I certify thou sow the decease obove of weer of the country of the countr	HELD IN THE CONTROL OF THE CONTROL O	DUE TO, OR  DUE TO, OR  NDITIONS CO  19b CONOT  21b. TIME OF HOUR A.A. P.A.  21e. PLACE C (AT HOME, STRI	AS A CONSEO ENTRIBUTING TO STORY MICH FINJURY M. MONTH M. MONTH A. DE INJURY SET, FACTORY, OFFICE Edeceosed from Other death.	DAY YEAR 19 E, FARM, ETC.)	216. HOW INJURY OCCURS 216. HOW INJURY OCCURS 216. LOCATION STREET  19 d that in my (our) opinion of the company of the company opinion opi	200 AUTOPSY? YES NOTED RED (ENTER NATURE OF INJU  CITY OR TOV  deoth occurred on the d  MEDICAL STA  DIRECTOR PHYSIC	20b. IF YES IN CERTIFYER YER IN ITEM 18, F	S, WERE FINDING CAUSES S COUNTY COUNTY 19 22 ,	STATE

East North

DHMH - 16 60M 7/73 (VRA 15 (4))

C. March F/H 1101

	1	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		7 9 - 0 1	372	
r, poge 3		CEASED NAME FIRST	be .	D.	5. DATE O		6. AGE (IN YEARS	/	OAY YEAR  14 79  IF UNDER 1 YEAR  MONTHS OAYS	2b. HOUR 12.30 PM IF UNDER 24 HRS HOURS MIN.
or once.		RTHPLACE STATE OR FOREIGN OUNTRY)	BIK 76 CITIZEN OF V	VHAT COUNTRY?	8	10 1884	9 BALTIMORE	CITY OR COUN		
		BA HO  AL RESIDENCE IN NURSING HOME OR	LuT	FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION		CUPATION R MOST OF WORKING	LIFE) INDUSTRY	P e.
1 and 2 should by a standard b	*13a.	ATHER'S NAME		13c. CITY OR TOW BA /-		13d INSIDE CITY LIMITS? YES NO   15. MOTHER'S MAIDEN N FIRST   FIRST		Ellico MIDDLE	Gard h	wy
s. Poges 1		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES]	254-74	8768	Willie HAU	sthorne (	ADDRESS 179 Ell	icon D	MATE INTERVAL
s signed by the attending physical signed please remove carbonpopeis. to burial, cremation, or removal. njury, or ather troumotic event, the	NO	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR  DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQUE	NO UT	con diovase			- 0	245.
Strate permit. Blews only in	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT			N WAS PERFORMED	200 AUTOPS	IN CER	'ES, WERE FINDIN TIFYING CAUSES YES []	OF DEATH?
L DIRECTOR: After this certifical tacked for use as the buriol-trail to be better of Health and Mental Hy If Hem 21 is marked or Item 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT IJE EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (I) (this hospit saw the deceased alive on above, (Vwe) (did) (did not 22b. SIGNATURE)	P.A. 21e. PLACE C 1AT HOME, STRE all) ottended the	A. MONTH DA.  OF INJURY  SET, FACTORY, OFFICE, F	19 ARM, ETC.) 74 . an	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	, to	ry OR TOWN	county , 19 7 , our and fram the	
should be det with the Stote		SUJETA	SAP	Siri	1445.05.6	Luthera		tal of	Marylo	und
	-	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	1-20.	1	ORT	EMETERY OR CREMATORY	MA	ZON	COUNTY	A .
16 50M 7/77 A 15 (4))	-	UNERAL DIRECTOR NAME A MIES A MERTAN	15ans	ADDRESS	110		ATE REC'D. BY REG		ATRAR'S SIGNAT	

2.		Item #18c Film G529 3/6/79 rc	STATE OF MARYLAND	UPMP 1	272
	1 -	- STATE REGISTRAR	CERTIFICATE OF DEATH	79-01	3/3
le out		CEASED NAME FIRST MIDDLE EOR PRINT) DARRYL	SHERBY	JANUARY 18,	1979 25 HOUR 1979 11:15P
ge 4 mg rector. pa	3 SE	M RACE W.	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
death. Podeoth. Pouneral di	C	IRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTTMORE	E CITY MD.
by the filled with filled with		THE JOHNS H	TOPKINS HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORKED FOR MOST OF WORKING LIE	12%, KIND OF BUSINESS OR INDUSTRY
AND 212		AL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEEN TO THE TOTAL	YES NO		ern. Ape
maryla omplerely I and 2 sh		ATHERS NAME FIRST MIDDLE LAST	15. MOTHER'S MAIDEN NA	care MICOLE	LAST
TIMORE.		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SEC YES, NO OR UNKNOWN)   11F YES, GIVE WAR OR DATES) 219-	03-03/9 Nous	45429 Larr	ilRL
es that the death certificate be executed within 24 hours and by the attending physician and completely filled in by please remove carbon papers. Pages I and 2 should be filled virial, cremation, or removal.		Conditions, if any, which gave rise to immediate couse (a), stating the	DENCE OF CULMONING Edoma ,	empty sema	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  IMPROVED AND DEATH  ZURYS Chronic  3 chance
	ATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM		VEN IN PART 1(0)
IAN: The low physicion. Infricore hos bit infrore hos bit old Hygene print all Hygene print in 18 shows on in 18 shows on the print in 18 shows on the low print	CERTIFICATION	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY	rom Prostate Ca. spread to bladde	IN CERTIF	S NO
VISION C PHYSIC ptrending er this cer s the burio	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE AT WORK AT WORK  AT WORK  OCCURRED  21e PLACE OF INJURY  AT HOME. STREET, FACTORY, OFFICE	21f LOCATION	CITY OR TOWN	COUNTY STATE
TTEND optial of TOR: A for use of Heal		220.1 certify that (1) This haspital attended the deceased from saw the deceased alive an 19.000 obove (1) we'y did) (did not) view the body after death.	39 and that in (my) (aur) apinian	death accurred on the date and have	
ITAL OR by the he control of the he control of the		226. SIGNATURE AMON MID  22d. PHYSICIAN'S NAME (Type OR PRINT)	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR   PHYSICIAN	1/18/79
TO HOSPITAL retoined by th TO FUNERAL should be day with the State MPORTANT:	720 5	CARLA JANSON		HOMUNS HOSPITA	7.
263/BP	L.	Sura Jan 21 Mg	9 Varkwood	Bollomo	COUNTY
DHMH-16 50M7/77 (VR A 15 (4))	24. 01	MARAI GIRRCTOR GOLD GOLD ADDRESS!	tayorald JAI	RECOL BY REGISTRAR 256 PEGIS	ray Kelcredy

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral cashould be detached for use as the burial-transit permit. Then please remove carbonpopers: Pages 1 and 2 should be filed within 72 hand the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

FOR DEPAR

York Road

Balto., Md.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE -

79-01374

-	REGISTRAR				CEKITI	ICAIE OF DEATH		REG. NO.			
	1. DECEASED NAME	FIRST		MIDDLE		AST	20. DATE OF D	EATH MONTH	DAY	YEAR	2b HOUR
My.	(TYPE OR PRINT)	HELEN	E	• 1	SHE	RWOOD		1	10	79	1233 p N
	3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)		DER 1 YEAR	IF UNDER 24 HRS
	Femal 1	е	Whit	ie .	Sep	t. 26, 189	6 82	Y	RS.	DAYS	HOURS MIN.
2	78 BIRTHPLACE (STATE			WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE	CITY OR COU	INTY OF	DEATH	
20	Marylan			JSA	WIDOWE	D DIVORCED	BALTI	MORE CI	TY		ME
14	BALTIMOR	Œ	UNION	MEMORIAI	HOSI	PITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			of Business or	
35	USUAL RESIDENCE (# 130. STATE Md.	NURSING HOME OR 13b COUN		GIVE RESIDENCE BEFORE 130 CITY OR TOWN Balto	N	13d. INSIDE CITY LIMITS? YES 🗗 NO 🗌	130 STREET AP	oress Marbl	Le H	all	Road
200	14. FATHER'S NAME John	. 1	NODIE	Sherwoo	d	Famie		MDDLE		Murr	ay
1	160. WAS DECEASED E		MED FORCES?	166 SOCIAL SECUI		17. INFORMANT		ADDRESS			
/	No			220-18-	.8457	John She	rwood		10-	Pa.	
	Conditions, if gove rise to couse to sunderlying c	toting the ouse lost	DUE TO, O  (b)  DUE TO, O  (c)	R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO D	NCE OF	d hemmali	RMINAL DISEASE C	DR CONDITION	I GIVEN II	N PART I	01
1	190 DATE OF OP	ERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS				NGS USED S OF DEATH?
9	On COLICERALITATIO	CAUSE OF DEA	216. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATUR	E OF INJURY IN ITEA	4 18, PART 1	OR PART 2)	
	(IF EITHER, NOTIFY A  WHILE AT WORK	OT WHILE TWORK	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CI	TY OR TOWN		OUNTY	STATE
	sow the dec	t (I) (this hospit eased alive an et (did) (did no	1110	e deceased from 19_7 ofter death.		nd that in (my) (aur) apinio		10 on the date and			that (I) (we) los couses stated
	226. SIGNATURE	rald ]	Wey	Cen MO			MEDICAL DIRECTOR	STAFF PHYSICIAN		22c. DATE	SIGNED V 79
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2a. DATE OF DEATH DECEASED NAME (TYPE OR PRINT) Shipley Joseph Carlton 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR HOUR5 46 Male Black TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY USA Md WIDOWED DIVORCED | Baltimore City I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Balto. City Hospital Furn. Mover Moving DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136, COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 3838 Park Heights Ave Md Balto NO [ 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE FIRST MIDDLE Shipley Broderick Shipley Sr Lillie Milton Marv 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 218 26 3754 Milton B. Shilpey 1924 W. Fairmont Ave ves Korean APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0). DUE TO, OR AS A CONSEQUENCE OF 47% bodysur Conditions, if ony, which degree gove rise to immediate couse (D), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IN YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO. 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED 216. TIME OF INJURY E A 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 194 (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 211 LOCATION COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 3838 (7V 22a.1 certify that (1) (this haspital) attended the deceased from \_, that (I) (we) last sow the deceased alive on. and that in (my) (pyr) opinion death actured on the date and hour and from the couses stated obove, (I) (we) (did) (did not) view the body ofter depth Dept 226. SIGNATURE! 77¢ DATE SIGNED BOTT BUTTER MERCHED BY MEDICAL TOWN HER FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS WILLIAM VETTER 4940 Eastern Avenue, Baltimore, Md. 21224 £ 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL CREMATION, REMOVAL 23b. DATE STATE CITY OR TOWN COUNTY Mt. Auburn Cem Balto. Md. 1 - 13 - 79Burial 250, DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 Isaiah L. Brown & Son PA 1913 W. Balto. St. AN (VR A 15 (4))

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH 7h HOUR TYPE OR PRINTS Edward Shorb 79 30A 37 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS HOURS. Za BIRTH WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN 76 CITIZEN OF MARRIED . NEVER MARRIED Baltimore City WIDOWED DIVORCED T 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ercv Hospital DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: DSTIL IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF INPARCTION Conditions, if ony, which ANTERIO gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause ereon An PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION INFAYL Memoria 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS LISED 2 IN CERTIFYING CAUSES OF DEATH? NO I ransıt Hygie 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ntal MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended; the deceased from sow the deceased alive on above, (l) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS TO FUNE should be with the 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE DHMH - 16 50M 1/76 (VR A 15 (4))

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	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 retained by the haspital or attending physician.  TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the funeral director.	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar ottending physician.  TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hayscatter death with the State Dept. of Health and Mental Hypogene prior to buriol, cremation, ar remaval.  When the state Dept. of Health and Mental Hypogene prior to buriol, cremation, ar remaval.	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital as other death physician.  TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages? Pages 1 and 2 should be filled within 72 haygainer death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.  IMPORTANT: If them 21 is marked as item 18 shows any injury, as other traumatic event, the medical examiner must be notified at one.	REGISTRAR  1. DECEASED NAME FIRST  1. DECINERAL DIRECTOR After this certificate has been signed by the order of the order o	1 - STATE REGISTRAR  1 DECEASED NAME PROST PRODUCE  1 RACE  1 DECEASED NAME PROST PRODUCE  1 RACE PRODUCE PROPERIOR  1 RACE PRODUCE PROPERIOR  1 RACE PRODUCE PRODUCE PROPERIOR  1 RACE PRODUCE PRODUC	The state of the property of t	DEPARTMENT OF HEATH AND MENTAL HYGENE REC. NO  1 - STATE REC. NO  1 -				

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EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PRI		22a. ) certif death resulte ACTUAL SIGNATURE		ge of the remains de ral causes ,	Accident		Autopsy	Hamic	PECIFY)	Undete	Inquiry (	iner X,	DATE		9
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTS Idabel. Sreminsk 4 RACE 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR DAYS HOURS Cancastan 70°BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore WIDOWED DIVORCED [ NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimone Samaritan Hospita Home Maker BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13n STATE 13h COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 1+ imong M. 4611 Asburu A 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST LAST Lonia Adams 160 WAS DECEASED EVER IN U.S. ARMED FORCE 17 INFORMAN (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) arol Ann Stultz - 536 Beach On. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE 10 OR AS A CONSEQUENCE OF =mholus Conditions, if ony, which monavi gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying Cancer Ovarian PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS LISED. IN CERTIFYING CAUSES OF DEATH? NO YES [ NO IN 710. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21f LOCATION 21d IN JURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET COUNTY STATE -NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on abave, (I) (we) (did) (did not view the body after death चे and that in (my) (our) opinian death accurred on the date and hour and from the causes stated SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING should be det with the State IMPORTANT: ans PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS maritah 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23b. DATE (SPECIFY Burial COUNTY STATE DHMH - 16 50M 1/76 Miller Inc-6415 Belair Rd. -21206 (VR A 15 (4))

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH I. DECEASED NAME MICOLE 26 HOU (TYPE OR PRINT) poge 3 IF UNDER I YEAR 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY) WIDOWED 10 CITY OPTOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY CAME STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) : -0 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAT RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION dbe 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a STATE 13c CITY OR TOWN YES [ NO [ 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRS MIDDLE MIDDLE 1/ans an cos ame 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT ADDRES5 IYES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) o . popers. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o ō AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. 10 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ã CERTIFICATION 0 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED p IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ buriol-tronsit 45 21h TIME OF INJURY 710. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED [ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH or Item MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER PM 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY CITY OF TOWN STATE puo AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from DIRECTOR 19 74 saw the deceased alive on. \_ . and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death. Dept. 22h SIGNATURE DEGREE 224. DATE SIGNED nel Reside PHYSICIAN MEDICAL \* FUNERAL I DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME ITYPE OF PRINT 4 O sho 230. BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE CITY OR TOWN COUNTY |SPECIFY Removal 2/1/79 24 FUNERAL DIRECTOR 25 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 Anatomy Board 655 W. Balto. St. Balto., Md. (VR A 15 (4))

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should be defined with the State		18 Stere	Je Ca		1208	Dr. L.A.					
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6 50M 1/76 15 (4))		UNERAL DIRECTOR Henry NAME  OS York Road		nkins			JAN 3	1979	SIGNEGICA	THE CO	REdy

## VOIDED DEATH CERTIFICATE NUMBER

79-01387 - Actually 1978 Death



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME LAST 20. DATE OF DEATH FIRST 2b. HOUR (TYPE OR PRINT) MARGARET SISCO JANUARY 1979 4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNUER 24 HRS MONTH YEAR DAYS HOUR5 Female Black 10 1920 Mav TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland BALTIMORE DIVORCED WIDOWED IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY JOHNS HOPKINS Baltimore HOSPITAL USUAL RESIDENCE (# NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Chestertown Kent NO II . F. D. #3 Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MO MIDDLE LAST MIDDLE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MA Geraldine Joseph Graves 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 5-38-0988 Mr. Cornelius Sisco Chestertown, Md. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY o nary IMMEDIATE CAUSE ococca Canditions, if any, which gave rise to immediate cause (a), stating the iDestic Med- Ilan, Retizalosis underlying cause last la. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CERTIFICATION 9 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F Hygi 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M MEDI 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220 I certify that (1) this hospital attended the deceased from July Tanuary 22 19 79 \_, and that in (my) (aur) opinian death accurred on the date and hour and from the couses stated DIRECTO obove (1) we) thid (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL Should be detained the State D PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS 22d. PHYSICIAN'S NAME ETYPE OF PRINT can low 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE Chestertown STATE BP Burial Jan. 2 Emmanue] 25a. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VRA 15 (4)) Chestertown.

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Rock Hall, Md.

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DHMH - 16 50M 7/77 (VR A 15 (4))

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		1	STATE OF MARYLAND
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D	HMH - 16 60M 1/75	24 FI	UNERAL DIRECTOR 1 ADDRESS 1 ADDRESS 250. DATE REC'D. BY REGISTRAR'S SIGNATURE
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	1.	FOR STATE REGISTRAR		DEPARTN	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		)   33	1	
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I		CEASED NAME	FIRST	WIDDLE		LAST	TE OF DE	20. DATE K	REG O	MONTH	DAY	YEAR
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Ī	4. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S	MAIDEN NAM	\E	ODLE			AST
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Executive .

certificate has been signed by the ottending physician and completely filled in by the unial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled wi

VO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbonpaper with the Store Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

attending physician

etained by the haspital TO HOSPITAL

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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-01394

w	REGISTRAR				CCKIII	CATE OF DEATH		REG NO.			
8	I. DECEASED NAME	FIRST	-	MIDDLE	L	AST	20. DATE OF	DEATH MONTH	DAY YEAR	2b HOUR	D
	(TIPE OR PRINT)	Charle	es :	L.	Sn	nith	Jar	nuary 16	1979	7	W
	3. SEX		4 RACE	31 1304	5 DATE C		6 AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER 1 YEAR		
	Male		Wh	ite	July		66	) YR	MONTHS DAYS	HOURS A	MIN
1	To BIRTHPLACE (STAT	OR FOREIGN		WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMO	RE CITY OR COUN			
)	Md.		U.S	.A.	WIDOWE			Baltimor	e City		MD.
	10 CITY OR TOWN O	DEATH			NG HOME C	R OTHER INSTITUTION	120 USUAL	OCCUPATION	126. KIND (	OF BUZINESS	
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1	USUAL RESIDENCE (		R OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)		In errors				
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	14 FATHER'S NAME					15 MOTHER'S MAIDEN N			all property		
d	Char	les	H.	Smit	h	Grace		MIDDLE	Sh	erman	1
	160 WAS DECEASED	VER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRESS		WY I	
	(YES, NO OR UNKNOW	(IF YES, GA	/E WAR OR DATES)	212-05-	4428	Margaret	Smith	(wife)	same a	s 13	
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i	21a. ACCIDENT W		110110 4		VE AD	21c. HOW INJURY OCCU	RRED LEMTER NA	TURE OF INJURY IN ITEM	18, PART 1 OR PART 2)	-	
	OR CONTRIBUTING	CAUSE OF DE		M. MONTH	AY YEAR						
	21d INJURY OF		21e PLACE	OF INJURY		211 LOCATION					
	WHILE AT WORK	AL WORK	(AT HOME, STI	REET, FACTORY, OFFICE,	FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE	E
			attended th	e deceased from_	No	Y 30 1966	to to	JAN 19	19 79	that (1) twe	) lost
	sow the d	ceased alive a	JAN	£ 3 19	79 , or	d that in (my) Jour) opinion	n death occurre	d on the date and			
	22b. SIGNATUR		ot) view the body	offer death.		DEGREE			22L DATE	SIGNED .	
			1/2	1800		ATTENDING	MEDICAL	STAFF PHYSICIAN	JAN	17/7	9
	22d. PHYSICIAN	'S NAME (TYPE	OR PRINT)			220. ADDRESS	DIKECTOR		To All		-
	15 THE R. P. LEWIS CO., LANSING, MICH.			erstock		302	E. 33r	d St.			
	23a. BURIAL, CREMAT	ON PENOVA			NAME OF C	EMETERY OR CREMATORY					-
	Buria Buria	1	1/19/		Lorra		CITY	alto.	COUNTY	Md.	
	24 FUNERAL DIRECT	RTATINIT	, , ,			ohma Talanda		EGISTRAR 256. REC	RAR'S SIGNA	_	
	24 FUNERAL DISECT			RAL ADDRESS 3	alto.		AN 18	1979	infay for	theody	1
	HOM	E INC.		De	7T 00.	Tita. ~ The	THE P	1010			

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - 79-01395 FOR - STATE CERTIFICATE OF DEATH REGISTRAR LAST 2a DATE OF DEATH I. DECEASED NAME 2b HOUR (TYPE OR PRINT) Dr. D. C. Wharton 1205 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR IF LINDER 24 MPS 3. SEX 1889 Oct. Male White TO BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Baltimore City Maryland USA WIDOWED DIVORCED [ IR CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Wynhurst Physician Medicine DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 130. STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 2 Wynhurst Avenue 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST LAST MIDDLE Courtauld Wharton Stewart Janey Lena 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 20-44-1961 Mrs. Edwina Smith Yes Same 18 CAUSE OF DEATH (Enter only one couse per tipe for the box PART I. DEATH WAS CAUSED BY 100 Malequarely DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED P IN CERTIFYING CAUSES OF DEATH? NOK YES [ NO [ 18 sho Mentol Hygi 21g. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.1 CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this hespital) attended the deceased from 19290 and that in (my) (our) opinion death accorded on the date and hour and from the causes stated sow the deceased alive on, obove, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MATTENDING MEDICAL STAFF be deto e Stote [ PHYSICIAN DIRECTOR PHYSICIAN FUNERAL old be deto MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Dr. W. H. Woody, N. Charles Street Balto., Md. 0 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 236 DATE CITY OR TOWN COUNTY STATE Burial Darlington Md Darlington 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 Balto. (VR A 15 (4)) York Road

yt)	1-	FOR STATE REGISTRAR		DEPAR	MENT OF H	OF MARYLAND EALTH AND MENTAL HYC CATE OF DEATH	GIENE 79-	01396	
noy be poge 3 er deoth		CEASED NAME OR PRINT)	WARD	MIOOLE	SI	9174	20. DATE OF DEATH	MONTH DAY YEAR	5:05Pm
ge 4 moy	3 SE) Ma		4 RACE Black		5. DATE O	F BIRTH  DAY  PEAR  1917	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I TE MONTHS OA YRS.	
to over the Poor	7a. BII	RTHPLACE (STATE OR FOREIG		S.A.	? 8 MARRIED WIDOWEI	NEVER MARRIED D	BALTIMORE CITY O	R COUNTY OF DEATH	MD.
s offered by the filed with motified c	10 CI	Balte.	(IF NOT IN SI	HOSPITAL, NURS JCH FACULTY, GIVE STREE Utheran	T ADDRESS)	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF CONSTRUCT	F WORKING LIFE)   INDUST	O OF BUSINESS OR RY
24 hour filled in the ould be f	13a. S	AL RESIDENCE (IF NURSING F	IOME OR OTHER INSTITUTIO COUNTY	N, GIVE RESIDENCE BEFO	ORE ADMISSION)	136 INSIDE CITY LIMITS? YES K NO	13e STREET ADDRESS 1609 B	ruce Ct.	
MARYLA ed within mplerely and 2 sh.	14 FA	THER'S NAME Edward	MIDDLE	Smith		15. MOTHER'S MAIDEN NA	ME	Smith	LAST
IMORE, n and co Pages 1	{}	AS DECEASED EVER IN L (ES, NO OR UNKNOWN) (IF	I.S. ARMED FORCES? YES, GIVE WAR OR DATES!		The state of	Mamie Smi	ADDRE		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICLIAN. The low requires that the death certificate be executed within 24 hours cattending physicion.  We have certificate has been signed by the attending physician and completely filled in by as the burnal-transit permit. Then please remove corbon papers. Pages I and 2 should be filled in the hand Mennal Hygiene prior to burnal, cremation, or removal.  On the National Physician prior to burnal, cremation, or removal.		18 CAUSE OF DEATH IE PART I. DEATH WAS (I MA)  Conditions, if ony, wh gove rise to immedicouse (o), stoting underlying couse is	DUE TO. (b)_ the DUE TO. (c)_ D		diae	Grre	st	APPE BETWE	IOXMATE INTERVAL EN ONSET AND DEATH
requires to signed an signed or to burion injury, or	NOI	PART 2 OTHER SIGNIFIC	ANT CONDITIONS O	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM			
The low ion ion. The permit it permit iten prio	CERTIFICATION	19a DATE OF OPERATION	196 CON	DITION FOR WHUC	H OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	
ON OF VITA  14YSICIAN: T ding physici is certificate burd-fronsi Mental Hygi	MEDICAL CE	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL EX 21d INJURY OCCURRED	E OF DEATH HOUR A	OF INJURY A.M. MONTH P.M. E OF INJURY	19	216 HOW INJURY OCCUR			
DIVISI  VDING PI  Or other the use as the realth and some as the realth and some as the realth and some as marked.	W	WHILE NOT WHILE AT WORK  22a   certify that (1) (this		the deceased from		2 · 21 , 19 20	CITY OR TOW	19.79	_, that (I) (we) lost
OR ATTER THE HOSPITCH DIRECTOR SOCHED FOR OFFI HE THE THE THE THE THE THE THE THE THE T		sow the deceased o above, (I) (we) (did) 22b, SIGNATURE	did not view the boo	ly after death.	1	d that in (my) (aur) apinion DEGREE ATTENDING	death occurred on the de	22c. DA	TE SIGNED
OSPITAL ed by th UNERAL d be dete the State		22d. PHYSICIAN'S NAME	TYPE SECTION 1)	()		PHYSICIAN (	DIRECTOR PHYSIC	IAND	1/1
0 g 0 g g g g	. (	BURIAL, CREMATION, REM SPECIFY)	NOVAL 23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR JOWN	stewn, Md	STATE
DHMH - 16 50M 7/77	24. FI	JNERAL DIRECTOR	1/8/7	9 ADDRESS	King N	230 DA	TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	
(VR A 15 (4))		James A.	Merten N	Sens 1	701 L	aurens IA	N 5 1979	Justony 198	urudy

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STATE OF MARYLAND

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STATE OF MARYLAND

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requires that the death certificate be

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or attending physician.

MPORTANT: If them 21 is marked or them 18 shaws any injury, or other traumatic event, the medical examiner must be intuited or and TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-01399

-01		REGISTRAR	The second second second second second			REG. N	O	
		CEASED NAME FIRST	WIDDEE	LAST		20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
ч	(TYPE	E VELY	N A.	SMIT	4		1-07-79	10 30 AM
	3. SEX		4 RACE	5 DATE OF B		6. AGE (IN YEARS LAST BIRT		
	F	emale	white	JO 0	6 1910	68	YRS MONTHS DAY	S HOURS MIN.
		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEATH	
4	10	Debrasta	USA	WIDOWED	DIVORCED [	BALTIM	ORE CITY	MD.
-	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT JIN SUCH FACILITY, GIVE ST		THER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		OF BUSINESS OR
3	14	1 to more Ctr	South Bilton	re-Gener	014000	la la	NOON NOON	
-	USUA	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BI		CA TOTAL		110	"
5	130 5	ATE d 136 COUN	MI TO THE MISS CHILDER	Proce 13d	INSIDE CITY LIMITS?	13. STREET ADDRESS	no Alto	
	14. FA	THER'S NAME	NOCT TOOM	11 1	MOTHER'S MAIDEN NA	WE	UIT HO	
40	3	duard A	Kenied.	Y	Frances	WIDDLE		AST
9		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL S		INFORMANT -	ADDRE		
del	(4)	ES, NOOK UNKNOWN) (IF TES, GIVE	217-20	-2233	volter HSC	with ou	reas #13	3
		18 CAUSE OF DEATH (Enter an					APPRO	DXIMATE INTERVAL N ONSET AND DEATH
10		PART I. DEATH WAS CAUSE	D BY:		MONARY	Appaci	TAN LAB	N ONSET AND DEATH
94		I I MMEDIAT	E CAUSE (a) CARD	O FUCT	IUNAKY	MKK1231		
		1629	DUE TO, OR AS A CONSE				E THE STATE OF	
37		Canditions, if ony, which	( b) METAS	TATIC	CARCINOM	A OF THE	LUNG	
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OUENICE OF				1000
		underlying couse lost	DOL TO, OK AS A COINSE	OOEINCE OF			4-3	
		PART 2 OTHER SIGNIFICANT O	(c)	TO DEATH BUT NO	T DEL ATED TO THE TERM	ALLA DISSASSON CON	DITION CINEN IN DARK	
	ATION	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT NO	I RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART I	101
	ATI	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION W	AS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND	
	CERTIFIC					VEC NOT	IN CERTIFYING CAUSE	
-	RT		2 AV THE OF BUILDY	In	NOW BLURY OCCUP	YES NO	YES 🗌	NO []
9		218. ACCIDENT WAS UNDERLYING CAUSE OF DEA	1 216. TIME OF INJURY HOUR A.M. MONTH		CHOW INJURY OCCUR	KED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)	
1	AL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
	MEDICAL	214 INJURY OCCURRED	218 PLACE OF INJURY		LOCATION STREET		VN COUNTY	62.425
	¥	WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	SIKEEI	CITY OR TOV	VN COUNTY	STATE
		22a.   certify that (1) This hospi	tal) attended the deceased fro	m 12-	31- 1978	, to	7 - 19 79	, that (I) (we) lost
				26	ot in (my) (aur) pinian	death accurred an the di	ate and haur and fram th	e causes stated
		22b. SIGNATURE	ti view the bady ofter death.	DEG	DEE		22¢ DAI	E SIGNED
		The Storing of	Pranad	N.	ATTENDING	MEDICAL STA	FF / I -	7-79
		1 4	11 -1 -1	19	PHYSICIAN [	DIRECTOR PHYSIC	CIAN	/ /
1		22d. PHYSICIAN'S NAME (TYPE OF			BOOL S. H	ANOVER S	1. BALTI- 6	2/230.
1		P. S. PRI	ASAD.		300, - 17			
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	THE NAME OF CEM	TERY OR CREMATORY	23d. LOCATION CITY OR TOWN	40IINTY	STATE
	(1	Binal	30010 29	Glan H	1120	Glan A.	COLO FIRE	in Pi
	24-FL	INERAL DIRECTOR		0	25a, PAI	ERECIDERY LESULAR	256 REGISTRAR'S SIGN	ATURE
	L	NAME	. ADDRESS	()(A)()	0.5			

DHMH - 16 50M 7/77 (VR A 15 (4))

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79-01399 Remark 1 Day 1 Day 1 Depth (Entry Demonstration of Astronomy March all published blick is a second of the object of the objec Second of the Substitute of th Elta de Anos Americano de La Contra de La Co WE CHARLES AND CONTRACT PROPERTY OF THE WAY LAND I WASH BUSINESS FOR LOT

DHMH - 16 25M

(VR A 15 (4) ) 9/74

79-0 REG. NO.	114	00
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1-	#14,15,16,Film FORItems #16b p STATE REGISTRAR HOME 1/9	G527 1/5/79 ka er phone cal 79 rc		OF MARYLAND ALTH AND MENTAL HYGI CATE OF DEATH	IENE 79	-0140	0
I. DEC	CEASED NAME FIRST ORPRINT!	tenneth	50	nith	20. DATE OF DEATH	1 - 1 - 7	7 7 71
3 SEX	Male	Caucasian	5. DATE OF	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRTH	YRS	DAYS HOURS MIN.
CC	RTHPLACE ISTATE OR FOREIGN DUNTRY MARY Land	76 CITIZEN OF WHAT COUNT $U.S.A.$	WIDOWE		Baltimore City O	re Citi	MD.
10 CI	Itimore City	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES LA PAYETTE S	quere L	other institution	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF  Ketired-Se	F WORKING LIFE) INDU	IND OF BUSINESS OR ISTRY
13a. S	AL RESIDENCE (IF NURSING HOME O STATE 13b. COUI Rryland Baw		IOWN	134. INSIDE CITY LIMITS?		odstack k	ed
	THER'S NAME FIRST Harry D.		h	15. MOTHER'S MAIDEN NAM FIRST Sarah	MIODLE		ynhart
16a. V		RMED FORCES? 213-01	7.33690.	Mrs. Katherine	E. Heyn1	1642 Woods Woodstock	Md. 21163
	PART I. DEATH WAS CAUS	nly one couse per line for (o), (b ED BY: ATE CAUSE (o)	ute 1	Myocardio osclestic	l Infor	i care	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (0), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSI		NOT RELATED TO THE TERM	IINAL DISEASE OR CONI	DITION GIVEN IN P	ART 1(o)
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATION	N WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOT IFY MEDICAL EXAMINE	EATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR P	ART 2
MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	WN COUN	NTY STATE
	sow the deceased alive a above, (1) (we) (did) (did n	pital) attended the deceased from the property of the body after death.	19 <u>79</u> , or	nd that in (my) (our) opinion	death accurred on the de		. that (I) (we) last om the causes stated
	22b. SIGNATURE	Whan	M	PHYSICIAN	MEDICAL STA	FF CIAN	1.79
	SHAUKAT	ORPRINT) Y KHAPF		1105 North		vd, kall	ND 21224
23a.	BURIAL, CREMATION, REMOVA (SPECIFY) Burial			emetery or crematory  1. Cemetery			Balto. Co/
24 F	UNERAL DIRECTOR LORMANG BYERS FU 3728 Liberty Ro	NEBAL DIZECTUR Randallstown	SMd. 211	133 250. JA	N 3 1979	history /	X Cready

79-01400

DHMH - 16 50M 7/77 (VR A 15 (4))

Maryland

STATE OF MARYLAND DEDARTMENT OF BEALTH AND MENTAL BYCIENE

1.	- STATE REGISTRAR		CE	RTIFICATE OF DEATH	REG. N	- 0140			
	CEASED NAME LOFFEZ			SM ITH	2a. DATE OF DEATH	NONTH DAY	YEAR 26 HOU	5 A M	
3. SE	x Male	4 RACE	24.	ATE OF BIRTH  MONTH  DAY  YEAR  O ()	6. AGE (IN YEARS LAST BIF	THDAY) IF UNDE	R 1 YEAR IF UNDER	24 HRS MIN	
70. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) W. VA.		A ADDIED M NEVER MARRIED			9. BALTIMORE CITY OR COUNTY OF DEATH  BALTIMORE CITY MD.			
10 C	BALTIMORE	(IF NOT IN SUCH FA	SPITAL, NURSING HO CILITY, GIVE STREET ADDRES & ALTLMORE		120. USUAL OCCUPAT (TYPE OF WORK FOR MOST SHIPY FYLD	OF WORKING LIFE) IND	KIND OF BUSINE PUSTRY Md. Dry	v da	
USU 130.	AL RESIDENCE (IF NURSING HOME STATE 13b. COL		ERESIDENCE BEFORE ADMIS CITY OR TOWN	YES NO	1621	SPRUC	212	26	
14 F/	ATHER'S NAME FIRST TAKE	MIDDLE	5m ITH	15. MOTHER'S MAIDEN	MIDDLE	Ų	NH TE		
160 \	WAS DECEASED EVER IN U.S. A	OUT THE DOOR LITTER	SOCIAL SECURITY IN 235 126	7(5)	phine Smit		Md. 212 pruce S	226 St.	
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  LULI GOLLULI						APPROXIMATE INTER ETWEEN ONSET AND	DEATH	
	Canditions, if any, which gave rise to immediate cause (0), stating the	(b)	S A CONSEQUENCE	V	int hepal	iks			
NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
CERTIFICAT	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERA			RATION WAS PERFORMED	200 AUTOPSY?	200 AUTOPSY?  YES NO YES NO YES NO			
CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.M.	MONTH DAY		CURRED (ENTER NATURE OF INJ	URY IN ITEM 18, PART I <sup>†</sup> OR	PART 2)		
MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF (AT HOME, STREET.	INJURY FACTORY, OFFICE, FARM, E	TC.)	STREET CITY OR TOWN COUNTY				
	22a. I certify that (I) (this hospital) attended the deceased from JAMARY 15TH, 19 79, to JAMARY 24TH, 19 79, that (I) (we) los saw the deceased alive an JAMARY 24TH 19 79, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.								
	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN C						c. DATE SIGNED		
1	22d. PHYSICIAN'S NAME (TYPE OR PRINT)  EGYA QUAISON-SAUKEY  SOUTH SAZTIMORE GEN HOSA,						NOVER S	TA'C.	
23a.	BURIAL, CREMATION, REMOVE (SPECIFY) Burial	1/27/7	9 Ceda		tery Barto. A			ATE .	
Mo	c Mully Fune	ral Home	Of Curt:		AN 2 6 1979	25b. REGISTRAR'S	SIGNATURE	,	

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWNXX MONTH YEAR 2b. HOUR (TYPE OR PRINT) OF ESTI-Matilda . 221 Smith DIRECTOR. DEATH MATED 19 79 3. SEX 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE MONTH PRONOUNCED fema1e 19 79 black. DEAD BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED -DIVORCED Baltimore City NAME OF HOSPITAL, NURSING HOME, 12h KIND OF BUSINESS JPATION (TYPE OF WORK OR INDUSTRY at home/1904 E. 29th Street Baltimore ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY EIMITS? 14. FATHER'S NAME MIDDLE 1.451 MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ALONG IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF REMOVA Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last OR USED AS A BURIA OF HEALTH AND A PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) MEDIC CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | NO STX BURHA BE 3 SHOULD BE DEPARTMENT 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE WHILE AT WORK CITY OR TOWN COUNTY STATE 21201 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinion death resulted fram: Hatural causes LXIX Homicide TO ME.
EXECUTE THE.
PAGE 4 SHOULD..
TO FUNERAL DIRECT
STER DEATH, WITH
'STER DEATH, WITH Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 1/30/79 DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon. M.D ADDRESS 111 Penn Street, Balto., MD 21201 (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE DHMH - 17 (VR A15 ME (5)) 30M 7/73

STATE OF MARYLAND

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15	1 -	FOR STATE REGISTRAR		DEP		EALTH AND MENTAL HYC ICATE OF DEATH	REG. NO	9-014	03
moy be Froge 3 Geoth		CEASED NAME OR PRINT)	die	B.	5 mit	AST .	20. DATE OF DEATH	AND HINDM	75 1185
Page 4 mo.	3. SE	一块	4 RACE	4	S. DATE C		6 AGE (IN YEARS LAST BIRTH		DAYS HOURS MIN
no de la contraction de la con	C	RTHPLACE (STATE OR FORE) DUNTRY)  Md.	U	EN OF WHAT COUN SA	TRY? 8 MARRIE WIDOWE	DIVORCED	BALTIMORE CITY OF	COUNTY OF DEA	CITY ME
d the	25	TY OR TOWN OF DEATH	(IF NO	OT IN SUCH FLORITY, GIVES	STREET AODRESS)	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Seamstre	WORKING LIFE) 126. 1 WORKING LIFE) INDU	KIND OF BUSINESS OR USTRY Sewing
AND 213	13a S	Md.	HOME OR OTHER INS	13c. CITY OR Balt	TOWN	136 INSIDE CITY LIMITS?	Pleasant M	anor Nurs	ing Home
E, MARYLA cuthin completely s 1 and 2 shi	14. FA	THER'S NAME FIRST James	WIDOFE	Callor	way	is mother's maiden na Unkn .	MIDDLE		LAST
be executor on and control or and control or and control or medical		VAS DECEASED EVER IN ES. NO OR UNKNOWN) (IF	U.S. ARMED FOR Tyes, Give war or Di	ATES)	1-7732	17 INFORMANT	ADDRE	SS	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or oftending physician.  Wher this certificate has been signed by the oftending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled than and Mental Hygiene prior to burial, cremation, or removal.  Orked or them 18 shows any injury, or other traumatic event, the medical examiner must be made or them.		Conditions, if any, w gave rise to immed couse (a), stoting	CAUSED BY: MEDIATE CAUSE  DUE hich liote	0.	EQUENCE OF	mana!	est	ne.	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
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VISION OF VITAL R G PHYSICIAN: The I strending physicion. er this certificate has inthe buriol-transit pe and Mental Hygiene ked or frem 18 shows	MEDICAL CER	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICALE 216. INJURY OCCURRED WHILE AT WORK AT WORK	SE OF DEATH HC	TIME OF INJURY OUR A.M. MONTH P.M. PLACE OF INJURY HOME, STREET, FACTORY, OF	19	21c. HOW INJURY OCCUR 211 LOCATION STREET	RED (ENTER NATURE OF INJUR CITY OR TOW		
t OR ATTEND the hospital or to DIRECTOR: A toched for use e Dept. of Head		270.1 certify that (II) (the saw the deceased above. (I) (we) (did) 27b. SIGNATURE	ıs haspital) atter	-	19 0r	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred on the do	F	om the couses stoted  DATE SIGNED
TO HOSPITAL TO FUNERAL should be detre with the Store		320 PHYSICIAN'S NAMI	LIYPE OR PRINT	ich uso	on, n	22e. ADDRESS	ngi 90	719	
/// BP	(	urial, cremation, red specify) Removal		L/28/79	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	24 Ft	INERAL DIRECTOR	CEE W	Dalto ADDRES	S Pal		REC'D. BY REGISTRAR	Sh. RECOTRAR'S S	GNATURE

STATE OF MARYLAND

## FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH DECEASED NAME MONT 2b. HOUR TYPE OR PRINTS Thelma Smi 020 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY DAYS HOURS 14 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A.S. Baltimore, City WIDOWED DIVORCED [] 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 17h KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balto. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE | IF HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 130 STATE 130 COUNTY 130 CITE OR 10000 130 STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS filled ould b 520 Gold St. NOF 2.5h 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Bultenast FIRSHenry MIDDLE FIRST MIDDLE LAST Jones Vary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Smith 520 Gold St. 220-07-3652 n20 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH physicin 18 CAUSE OF DEATH (Enter only one couse per line for (0), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 0 AS A COMSEQUENCE OF Greast Church Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 0 CERTIFICATION 0 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED DL IN CERTIFYING CAUSES OF DEATH? pe NOF YES [ NO IT Hygi 71n ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH the buriol-tra (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 MEDIC 71d INJURY OCCURRED 21f. LOCATION 71e PLACE OF INTURY 0 CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET COUNTY STATE Poe NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (I) (this hospital) attended the deceased from DIRECTOR saw the deceased alive an. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated hospil above, (1) (we) (did) (did nat) view the body after death TO FUNERAL DIREC should be detoched it with the State Dept. 226. SIGNATURE DEGREE 22c. DATE SIGNED \* ATTENDING MEDICAL PHYSICIAN [] DIRECTOR PHYSICIAN MPORTANT 774 PHYSICIAN'S NAME (TYPE OF PRINT) 77e. ADDRESS GASTERN MD 23d. LOCATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL STATE (SPECIFY Westport. Cem. Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 Charles A. Rice 1300 Eutaw Pl (VRA 15 (4))

STATE OF MARYLAND

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attending physician and campletely filled in by the lave carbanapers. Pages 1 and 2 should be filed with

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ATTENDING PHYSICIAN:

TO HOSPITAL

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial should be detached for use as the burial-transit permit. Then please remove carban papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal. MAPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

9	FOR STATE
Q	REGISTRAF

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-01405

		REGISTRAR		CEKITI	ICAIE OF DEATH	REG. NO.			
		CEASED NAME FIRST THO	MAS Henry		AST NITH	1-18-79)	NTH DAY		1.00 PM
	3 SEX		BLACK	S DATE C		6 AGE (IN YEARS LAST BIRTHD)	-	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)  RITIMORE Md	. USA	? 8 MARRIE WIDOWE	D MEVER MARRIED	Baltimore City or C Baltimore			MD
3		or town of DEATH	11. NAME OF HOSPITAL, NURSI AF NOT IN SUCH FACILITY, GIVE STREE SOUTH BAITIN	ING HOME ( ET ADDRESS) MOTE	General	TYPE OF WORK FOR MOST OF W	ORKING LIFE)		Inc.
5	13a. S	AL RESIDENCE (IF NURSING HOM TATE 13b. CC	AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR DUNTY 130. CITY OR TOY Baltime	WN	13d. INSIDE CITY LIMITS? YES 2 NO 1	13. STREET ADDRESS 2401 St.	Stepl	hens	Ct.
86	14. FA	THER'S NAME Älfred	MDDIE Smit	h	IS. MOTHER'S MAIDEN NA/ FIRST LOULA	WE	Mai	rquay	T
/		/AS DECEASED EVER IN U.S. es, noor unknown) (IF YES,	ARMED FORCES? (GIVE WAR OR DATES)  166 SOCIAL SEC.  218-01		Mrs. Hort	ense Smith		ne	E LXE
	Z	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIECAL	DIATE CAUSE (0)  DUE TO, OR AS A CONSEOL	NENCE OF	o fort			da da NIN PART 1(c	<b>y</b>
2	MEDICAL CERTIFICATION	190. DATE OF OPERATION 1—16—79 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF THE EITHER, NOTIFY MEDICAL EXAMI 21d. IN JURY OCCURRED AT WORK AT WORK	F DEATH HOUR A.M. MONTH ( INER) P.M.  210. PLACE OF INJURY	al 8 DAY YEAR 19	211. LOCATION STREET	YES NO	YES		
/		220.1 certify that (1) this his saw the deceased alive above, (1) we (1) did (1) did (22b. SIGNATURE  22d. PHYSICIAN'S NAME ITY	d nat) view the bady after death.	74.0	PHYSICIAN 220. ADDRESS	death accurred on the date  MEDICAL STAFF DIRECTOR PHYSICIAL  JOPOLIS RA	и 🗆	22c. DATE	SIGNED 9
	23a. B	JURIAL, CREMATION, REMOVE	VAL 23b. DATE 2 23c.		EMETERY OR CREMATORY US Mem. Par	23d. LOCATION			STATE

DHMH - 16 25M (VR A 15 (4) ) 9/74

Hermert E. Nutter 3035 MRESS North Ave.

250. DATE REC'D BY REGISTRAR 256 RECONTRACTOR

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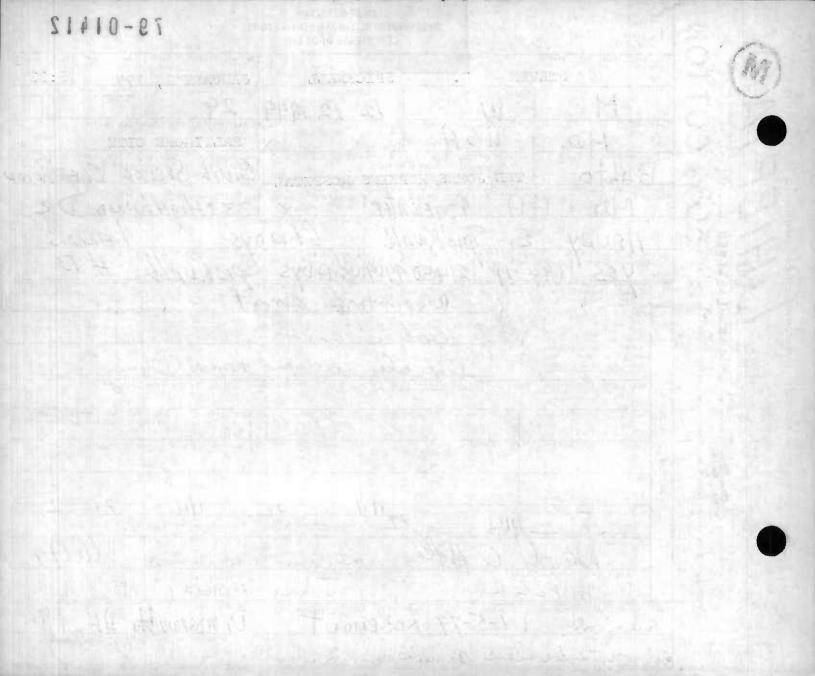
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH MONTH 26 HOUR DECEASED NAME (TYPE OR PRI AGE AIN YEARS LAST BIRTHD Y 3 SEX HOURS MINA BALTIMORE CITY OR COUNTY OF DEATH STATE OF FOREIGN NEVER MARRIED DIVORCED 126. KIND OF BUSINESS OR MOST OF WORKING LIFE) INDUSTR' BALTIMORE, MARYLAND 21201 136 COUNTY SNAME 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE 10 DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse 10, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOX YES [ 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION 5 CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 220.1 certify that (Mythis hospital) attended the deceased from sow the deceased alive on above (D) (we) (did) (and not view the body after death and that in (av) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 226 SIGNATURE DEGREE MEDICAL ATTENDING \* Raymond D. Bahr, M. D. 1-4-79 PHYSICIAN X DIRECTOR PHYSICIAN FUNERAL 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Wilkens & Pine Hghts ild b IMPORT/ Baltimore Maryland 21229 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b DATE STATE DHMH - 16 60M 1/75 (VR A 15 (4))

79-01406 division of the same of the sa N 2 1923 1923 193 HOW I COME A SHARE A SHARE GET Felia, 45 28 Northwood Drive Mechanics A.J. Tella 1 your Northwest D. Myses of South State Sty Wallace 1 22 24 7 LON 2 SALL SALL SALL SALL AND TO SALL AS ES 1 Paymond D. John, Mug. cold implies of the Inches 18 1 1 Av horse Men. 1 K Lendy Js Elections to Will to the Constitute Si

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME AAJDDEE 20 DATE OF DEATH MONTH 26. HOUR SOLLOD (TYPE OR PRINT) HYMAN 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX YEAR MONTH DAY DAYS HOLIPS AUCASIAN BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE STATE OR FOREIGN & CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY RUSSIA BALTIMORE CITY DIVORCED T 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY MERCHANT RETAIL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. 13e STREET ADDRESS 136 COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 79 LAKESHORE DR. ASHEVILLE #28804 N. CAROLINA YES T NOF 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE SOLLOD MIDDLE FANNIE COHEN DAVID 17 INFORMANT MRS. LYNNE GABAS WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 1 ALCLARE DR., ASHEVILLE, NC 28804 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)\_ DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF YNJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) 19 If LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE Jan 220 1 certify that (1) Ithis hospital) attended the deceased from sow the deceased alive on and that in my (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death DEGREE 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL IMPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ild b REISTERSTOWN TETR 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL CREMATION, REMOVAL ASHEVILLE REMOVAL/BURIAL JAN. 26, 1979 RIVERSIDE N. CAROLINA 24. FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. DHMH - 16 50M 7/77 (VRA 15 (4)) 6010 REISTERSTOWN RD., BALTO, MD 21215

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TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

may be

within 24 hours ofter death. Page

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

11.	- STATE REGISTRAR	CERTIF	CATE OF DEATH	REG. NO	9-0141	3
1. DE (TYPE	CEASED NAME FIRST BABY TW	VIN B OF TANYA S		JANUARY 2	2, 1979	26. HOUR 10:40
3 SE	MALE	BLACK S. DATE O	F BIRTH  DAY  YEAR  YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	H UNDER 24 HRS
	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	□ NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DEATH	
25	mp.	U-5 WIDOWE	D DIVORCED	BALTIN	ORE CITY	ME
33 10 0	BALTO.	. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) THE JOHNS HOPKIN		126 USUAL OCCUPATIO		OF BUSINESS OR
35 130 5	STATE MD HOLOUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	YES NO 🗆	13e. STREET ADDRESS 2420 J	EFFERSON	ST.
00 6	ATHER'S NAME  NIZL/AM  MID	CARTER	15. MOTHER'S MAIDEN NAM	MIDDLE	STAF	FORD
	WAS DECEASED EVER IN U.S. ARME YES, NO OF UNKNOWN) (IF YES, GIVE W.		17. INFORMANT	ADDRE		KIMATE INTERVAL ONSEJ AND DEATH
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT COI	M	NO RELATED TO THE TERMIN	NAL DISEASE OR CONE		
9 5				YES NO	IN CERTIFYING CAUSE	S OF DEATH?
MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  216. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY	21c HOW INJURY OCCURRE		Y IN ITEM 18, PART 1 OR PART 2)	
WEL	WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOW	N COUNTY	STATE
	220.1 certify that (I) (this hospital saw the deceased alive on above, (I) (wg) (did) Notation (220-5) ATURE	view the body offer death.	d that in (my) apprison de DEGREE  ATTENDING PHYSICIAN 220 ADDRESS	eoth occurred on the do	te and hour and from the	that (I) (1) los e couses stated
	BURIAL, CREMATION, REMOVAL (SPECIFY)  REMOVAL  FUNERAL DIRECTOR	23b. DATE 7 6 A 5 23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY 256 REGISTRAR'S SIGNA	STATE

BP DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo

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offending physicion.

Anatomy Board 655 W. Balto .. Balto., Md.

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79-01413 Jane Ford Land Advantage . 1 190 A COLOR OF THE PARTY OF THE PERSON OF THE PE MS 122 19 , , , Z/ Moura Principles in greath vertainlist in All marketing the Makes & Season and a second and the second and the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN IX Zh HOUR (TYPE OR PRINT) OF KENNETH STAHLMAN DEATH MATED 19 79 HOURS STREET, 3. SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. JE UNDER 24 HRS DATE 2d HOUR YOUR PRONOUNCED male white 1979 DEAD MO TO BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY Baltimore City WIDOWED DIVORCED anuland ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Baltimore City Hospital Baltimore lectrical ontractor USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS 130 STATE 34. INSIDE CITY LIMITS? aruland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 1 onu nimes 17 INFORMAN 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Ins. Florence D. Starbnan, Same as above Vo APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. USED AS A BUR OF HEALTH AND NI, CREMATION, ( PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF TO BURIAL, YES K NO 3 SHOULD BE DEPARTMENT 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21e, PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED If LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE STATE C 220. I certify that I took charge of the remains described above, held on Autopsy DIRECTOR: Inspection ond in my opinion deoth resulted from: Accident Homicide Undetermined monner TITLE (SPECIFY) ACTUAL PAGE 4 SHOU TO FUNERAL DAFTER DEATH, BALTIMORE, MA M.D. Assistant 1-26-79 MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. Penn St. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL CREMATION REMOVAL 23b. DATE timore Maruland emeteru oudon Park BP 24. FUNERAL DIRECTOR 25a, DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** VR A15 ME (5)) ully Funeral Home, 237 . Patapsco Ave. La 30M 7/73

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death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed within 73 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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	1-	FOR - STATE REGISTRAR			DEPARTA	AENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE REG.	7	9-01	415
		CEASED NAME OR PRINT)	FIRST		AIDDLE		ATHAM	20. DATE OF DEATH		DAY YEAR 09 79	26 HOUR
	3. SE	x Femal		RACE Black		S. DATE C	15 DAY 1900 TEAR	6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
33		RTHPLACE (STATE OR FOOUNTRY) Virginia		U.S.A.	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY		NTY OF DEATH	MD.
3/		ity or town of dea ltimore			HEACILITY GIVE STREET		DR OTHER INSTITUTION	12a USUAL OCCUP (ITYPE OF WORK FOR MOS Housewife	ATION	G LIFE) 12b. KIND (	OF BUSINESS OR
an 25	13a. S	AL RESIDENCE (# NURS STATE Md .	NG HOME OR OF 13b COUNT Balto	4	GIVE RESIDENCE BEFORE 13c CITY OR TOW Turners		13d INSIDE CITY LIMITS? YES KO	13e STREET ADDRES 2802 Sparr		oint Rd	
Scanne Scanne	Je:	THER'S NAME	raigwa	ay	LAST		Jane	WE	Has	kins '	AST
2		WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARM (IF YES, GIVE W		166 SOCIAL SECU	RITY NO.	17 INFORMANT Mr. Tas Stath		eress errow	s Pt. Ro	d.
r ather traumatic event,		PART I DEATH W  Conditions, if pny, gove rise to imm couse (o), stotin underlying couse	AS CAUSED IMMEDIATE which nediote g the	DUE TO, Q	AS A CONSEQUE	nce of Meta	static Colon		72	SETWEEN	XMATE INTERVAL ONSET AND DEATH
ly injury, or	TION	PART 2 OTHER SIGN					NOT RELATED TO THE TERM	200 AUTOPSY?	100	GIVEN IN PART I	
9	CERTIFICATION					OPERATIO		YES NO	IN CER	RTIFYING CAUSE	
Jem 18 s	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH	Р.	m. month da m.	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM I	18, PART 1 OR PART 2)	
orked or	MED	21d. INJURY OCCURE WHILE NOT WE AT WORK AT WO	IILE 🗇	210 PLACE ( (AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC.)	2H LOCATION STREET	CITY OR		COUNTY	STATE
ORTANT: If Item 21 is m		22a. I certify that (I) sow the decease above, (I) (we) (a 22b. SIGNATURE	ed plive pn_id) (did nat)	view the body	ofter death.		nd that in (my) (dur) opinion  DEGREE  ATTENDING PHYSICIAN [		TAFF .	hour and from the	that (I) (we) lost ecouses stated ESIGNED
0/		Kenne	th 1	. (7)	ick m	d L	Baltimor	e 444	Ho	spital	

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

Appomattox,

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
JAN 1 2 1979 Fisher Melandy

STATE

COUNTY

Va.

L. Glick

79

ADDRESS

701 LAIRENS

23b. DATE

MORTON - SONS

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

24 FUNERAL DIRECTOR

NAME



TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physicial

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	to tell posts ten			

Page 4 may be

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-01416

	FOR STATE REGISTRAR			FICATE OF DEATH	REG. NO	0.
1.	DECEASED NAME FIRST MITTER OF PRINTS TAURAPLO	ARY		RAPLOS	20. DATE OF DEATH	MONTH DAY YEAR 28. HOUR 1- 30 79 3. 2
3.	sex Female	4 RACE Whit	e S DATE (		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS 1
3	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76 CITIZEN OF WI	MARRIE	D NEVÉR MARRIED		R COUNTY OF DEATH
10	BALTIMORE -	(IF NOT IN SUCH F	OSPITAL, NURSING HOME ( ACILITY, GIVE STREET ADDRESS) GNES HOSPIT		120 USUAL OCCUPATE TYPE OF WORK FOR MOST O NUTS	F WORKING LIFE) INDUSTRY
5	JSUAL RESIDENCE (IF NURSING HOME OF 36 STATE 136 COUL Maryland	NTY I	ve residence before admission) 3c. city or town Baltimore	134. INSIDE CITY LIMITS? YES 🖾 NO 🗌	134 STREET ADDRESS 5117 Bal	21229 to.Nat!.Pike E
0	FATHER'S NAME FIRST  POTOR  ON WAS DECEASED EVER IN U.S. AR		tauraplos  to social security no.	15 MOTHER'S MAIDEN NAI FRIST Cleo	ME MIDDLE P.	LAST ?
/ L		E WAR OR DATES)	213-18-6229	Miss Rose		
1	Conditions, if any, which gave rise to immediate	(b)	AS A CONSEQUENCE OF	· <u> </u>		
	gave rise to immediate couse lost, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR A	AS A CONSEQUENCE OF	NOT RELATED TO THE TERM	ce.	DITION GIVEN IN PART I (a)
	gave rise to immediate couse lost, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR A	AS A CONSEQUENCE OF  ATRIBUTING TO DEATH BUT  - QUILLES  ON FOR WHICH OPERATION	+ Cremon Was PERFORMED	200 AUTOPSY?  YES   NO	20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES
	PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  119a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR A  (c)  CONDITIONS CON  196 CONDITION  ATH HOUR A.M. P.M.	AS A CONSEQUENCE OF  ITRIBUTING TO DEATH BUT	WAS PERFORMED  216 HOW INJURY OCCURI	200 AUTOPSY?  YES   NO	20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES
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	PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER  21d INJURY OCCURRED  WHILE NOT WHILE NOT WHILE	DUE TO, OR A  (c)  CONDITIONS CON  196 CONDITI  216. TIME OF I  ATH HOUR A.M. P.M.  21r. PLACE OF (AT HOME, STREE	AS A CONSEQUENCE OF  ITRIBUTING TO DEATH BUT	211 LOCATION STREET  29 , 19 7 9	YES NO RED (ENTER NATURE OF INJUI	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO TO THE PART 1 OR PART 2)  VIN COUNTY STATE  COUNTY STATE  20. 1925, that (1) (we one hour and from the causes state  120 DATE SIGNED  FF 120 DATE SIGNED
	PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER  27a.1 certify that (1) (this hosp saw the deceased alive ar obove, (1) (we) (did) (did not	DUE TO, OR A  (c)  CONDITIONS CON  PROPRINTING OF HOUR A.M.  21b. TIME OF HOUR A.M.  21c. PLACE OF (AT HOME, STREE)  (at HOME, STREE)  (at HOME, STREE)	AS A CONSEQUENCE OF  ATRIBUTING TO DEATH BUT  CONTROL  ON FOR WHICH OPERATION  INJURY  MONTH DAY YEAR  19  FINJURY  1, FACTORY, OFFICE, FARM, ETC.)  deceased from 19  Ter death.	216 HOW INJURY OCCURION STREET  29 19 7 G  nd that in (my) (aur) opinion of the control of the control opinion of the control of the control opinion opinio	YES NO RED (ENTER NATURE OF INJUI	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO TO THE PART 1 OR PART 2)  VIN COUNTY STATE  COUNTY STATE  20. 1925, that (1) (we one hour and from the causes state  120 DATE SIGNED  FF 120 DATE SIGNED

DHMH-16 20M (VRA 15, 4) 7/78

certificate has

TO FUNERAL DIRECTOR

TTENDING PHYSICIAN: The

TO HOSPITAL

BP.

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND

7	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	REG. N	9-01	4,17	
1	I. DEC	CEASED NAME FIRST OR PRINT) BAR	BARA	MIDDLE		STEEG-	20 DATE OF DEATH	MONTH DAY	79 2	909 M
	3. SE)	Famale.	4 RACE	Shile	S DATE (	H DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF AND MONTHS		IF UNDER 24 HRS HOURS MIN
35	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)  Aryland	US		MARRIE WIDOWE	DIVORCED	Baltimo	or City	EATH	MD.
49		TY OR TOWN OF DEATH  Baltimore	North	Charles	address) Gener	al Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFE) IN	DUSTRY	BUSINESS OR
35	13a. S	AL RESIDENCE (IF NURSING HOME STATE 13b CO Md		13t. CITY OR TOW	N	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 3966 Elm			
300		THER'S NAME FIRST William H.		LAST		Wesleyna L	. MIDDLE	ecc.	LAST	
1	(Y	VAS DECEASED EVER IN U.S. / (IF YES, O NO	IVE WAR OR DATES)	216 30 1		Wesleyna Var		Elm Avenu		
	ATION	18. CAUSE OF DEATH Enter PART I. DEATH WAS CAU  LIMMED!  Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION	DUE TO, O  DUE TO, O  DUE TO, O  DUE TO, O  CC)  T CONDITIONS CO	Massi R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO E	ENCE OF ENCE OF DEATH BUT	Confluent  the intest  NOT RELATED TO THE TERM  JULY CALL  NOWAS PERFORMED	inal in almost or con lui osche 200 AUTOPSY?	20b. IF YES, WER	PART 110	
1	MEDICAL CERTIFICATION	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF, (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK SOW the deceased alive obove, If Twe) (did 22b. SIGN ATURE	21b. TIME CO HOUR A. ER) P. 21e. PLACE (AT HOME, STI  21b. TIME CO HOUR A. P. 21e. PLACE (AT HOME, STI  21b. TIME CO HOUR A.	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19 ARM, ETC.)	21t. HOW INJURY OCCURI	YES NO CITY OR TO	IN CERTIFYING YES IN ITEM 18, PART 1 OF WAY CO JOSE ON THE	CAUSES O	STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE
1		MARCOS	B. G	ALICIA	Jr.1	220 ADDRESS	CHArles	GEW.	Hos	7-
	{:	BURIAL, CREMATION, REMOV, SPECIFY)  Burial UNERAL DIRECTOR	1/15/	79 Lo	udon		23d. LOCATION CITY OR TOWN  Baltimos E REC'D. BY REGISTRAR		1467	STATE Md RE
	- 1	Burgee Funera	l Home	3631°Fall	s Roa		1 6 1979	11 .	malre	

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18		STATE REGISTRAR		AIDDLE	CERTIF	ICATE OF DEATH	REG. NO.	U1410
eo pe		CEASED NAME FIRST OR PRINT) CHARLES		cancis S		JR.	20. DATE OF DEATH MONTH	29 79 750 PM
ge 4 mo)	3 SE	Male	4 RACE White	•		F BIRTH 19 DAY 16 1900	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
Zaho di		RTHPLACE ISTATE OR FOREIGN DUNTRY)		WHAT COUNTRY?	8 MARRIEI	M NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH
ofter dec		TY OR TOWN OF DEATH BALTIMORE	11. NAME OF H			R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126. KIND OF BUSINESS OR INDUSTRY
ND 2120 24 hours 24 hours sold be fill must be m	130 5	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, NTY	GIVE RESIDENCE BEFORE 134. CITY OR TOW		13d INSIDE CITY LIMITS?	Attorney  13e. STREET ADDRESS 17 Midval	Law
within 2 within 2 should 2 should be	14 FA	Md THER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	Griffith
orecuted compages I on dical exc	160. V	VAS DECEASED EVER IN U.S. AF	ancis RMED FORCES?	Stein 166 SOCIAL SECU		Ella 17. INFORMANT	Willson	Griffith
ALTIMOI te be exe icron and oers. Page al.		Yes WW		217-38		Jean R. St	tein S	APPROXIMATE INTERVAL
W. PRESTON ST., B the death certifica the attending phy te remove carbonpa cremation, or remov ther troumatic event		PARTI. DEATH WAS CAUSI IMMEDIA  Conditions, if ony, which gove rise to immediate cause (a), stofting the underlying couse lost	DUE TO, OF	CANCET RAS A CONSEQUI ANEM RAS A CONSEQUI	LA ENCE OF	the PROS	T FAILUR	Mets 1972
RECORDS, 201  Iow requires th  So been signed to bernit. Then plea the prior to burnol.  So ony injury, or or	CATION	PART 2. OTHER SIGNIFICANT		ONTRIBUTING TO I	DEATH BUT		IINAL DISEASE OR CONDITIO	
	CERTIFICA		15 11 25		OFERATIO		YES NO NO	CERTIFYING CAUSES OF DEATH?
DIVISION OF VITAL  NG PHYSICIAN The offer this certificate h os the burial-transit i h and Mental Hygies h and Mental Hygies orked of Item 18 sho	MEDICAL CE	210 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.I	M. MONTH D. M.	AY YEAR		RED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)
IVISION  offending  frer this  ss the bu  h and M	WED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pitol or STOR: Al for use of of Healt		22a 1 certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did) (did no	1/29	19_	74 , 01	Z 1 19 3 and that in (my) (our) opinion	death occurred on the date of	nd haur and fram the couses stated
SPITAL OR A J by the host NERAL DIREC be detoched e Stote Dept.		226. SIGNATURE	) Gal	lant	MI	<u> </u>	MEDICAL STAFF DIRECTOR PHYSICIAN	1/29/79
TO HOSPITAL retained by the TO FUNERAL should be determined by the With the Store with the Store		JAMES D. GA	LLANT M.	D.		220 ADDRESS UNION MEMORIA	AL HOSPITAL	
h710	230	SURIAL, CREMATION, REMOVA	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
DHMH-16 50M 7/77		Burial UNERAL DIRECTOR		ADDRESS 4	905	ork Rd. 250. DAT	Balto.  E REC'D. BY REGISTRAR 256. R	REGISTRAR'S SIGNATURE
(VR A 15 (4))	H	lenry W. Jenk	cins &	Sons Co	. ,Ba:	Lto. Md. JAN	3 0 1979	ifray Malreody

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED MAINE 2a DATE OF DEATH YEAR 26 HOUR 6 AGE (IN YEARS LAST BIRTHDAY) # UNDER 24 HRS IF LINDER I VEAR HOURS aucasian LACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [ 10 CHY OR TOWN OF DEATH OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 126 KINE OF BUSINESS OR OMP make MARYLAND 21201 SIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE BE 1136 COUNTY 13d INSIDECITY LIMITS? 13e. STREET ADDRES 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE ENWO SED EVER IN U.S. ARMED FORCES? ADDRESS SOCIAL SECURITY NO. NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY PRESTON ST., IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to, stoting DUE TO, OR AS A CONSEQUENCE OF 201 W. underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FUNDINGS USED IN CERTIFYING CAUSES OF DEATH? NONE NOT YES [ NO [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a.1 certify the (1) this hospital) attended the deceased from TDL 16 JANUARY 19 79 sow the deceased alive on 16 JANUAR obove (III) we) (did) did no view the body after death. and that in (my our) opinion death occurred on the date and hour and from the causes stated SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF should be deto with the State [ IMPORTANT: If PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS JOHNS HOPKINS HOSPITAL PURNELL CHOOLOGY CENTER, GOL N. BROADWAY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF DEMETERY OR CREMATORY COUNTY FEB C'D. BY REGISTRAR 256, RECISTRAR'S SIGNATORE DHMH - 16 60M 1/75 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN X MONTH YEAR 7h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED ESSARY, PLEASE ERAL DIRECTOR. 2R YOUR FILES. TEM 72 HOURS TESTON STREET, John Frank Steven 10 79 YEAR 3 SEX 4 RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED Male White 190 Aug 18 DEAD 1979 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City, U. S. A. Missouri WIDOWED DIVORCED O. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY St. Agnes Hospital Baltimore City Ret. Officer 80 0. 3. RETAIN SHOULD BE VITAL RECORDS. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 5021 f Rd Balto. 13g STATE 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 21201 Briarclif Balto. YES TX NO T Md. 21229 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Bagley LAST MIDDLE MIDDLE LAST CIPST AND Mayme Stevens Donald 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION Balto. Md. 5021 Briarcliff Rd. s. John F. Stevens 705033176 John F 21229 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. CREMATION, DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? PP LO BURIAL YES NO K DEPARTMENT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M PRIOR 21d INJURY OCCURRED 21e. PLACE OF INJURY LAT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE X 22a. I certify that I took charge of the remains described above, held an and in my apinian Autapsy Inspection Hamicide Undetermined manner death resulted from: Notural couses PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BALTIMORE, MARYLA Deputy Chief MEDICAL EXAMINER 1/4/79 ACTUAL SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn Street (TYPE OR PRINT) ADDRESS 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236, DATE 13c. NAME OF CEMETERY OR CREMATORY STATE Balto. Md. Westview Jan. 6. 197 Westview Cem. Cremation 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** GNAME Truman Schwab Frederick Ave. (VR A15 ME (5)) 30M 7/73

3.

BP\_\_\_\_\_\_ DHMH-16 50M 7/77 (VR A 15 (4))

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FOR STATE

DECISTRAP

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-01422

_									REG. NO.				
1		CEASED NAME	FIRST	٨	MIDDLE LAST			20. DATE OF DEATH MONTH DAY YEAR 26. HOUR					
	(TIPE	OR PRINT)	MARGAI	ਾਜ 9	Δ	A. STEWART			1-20-79 345 "				
	3 SEX		TIME	4 RACE	1 .	5. DATE O	Total Control of the last of t		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDI	ER I YEAR	IF UNDER	R 24 HRS
		7		711	D. +	нтиом	DAY	YEAR	82	MONTHS	DAYS	HOURS	MIN
	7 010	Jens	216	cu	une	06	. +7	.95		'RS	FATAL		
,		RTHPLACE (STATE O	OR FOREIGN	76 CITIZEN OF	WHAT COUNT	MARRIED	NEVER M	ARRIED	BALTIMORE CITY OR COL	JNITOFDI	EAIH		
2		MA	uland	Ul	5,	WIDOWE	DIV	ORCED [	Del taman				MD.
	10 CI	TY OR TOWN OF	DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT BY SUCH FACILITY, GIVE STREET ADDRESS)				120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK		KIND O	F BUSINE	ESSOR	
4	11	Jallum	100	131	175	e C Oss.	s Mala	ss.	HOUSEWIFE -	NAO EIRE) I IIAE	JUSTKI		
	USUA	AL RESIDENCE HEN	NURSING HOME OR		GIVE RESIDENCE			1					
1	13a. S		136 COUN		13c. CITY OR		13d INSIDE CI	-	13e STREET ADDRESS			010	
7		ARYLAND	, HOW	AKD	ELLIC	OTT CIT	YES [	NO L	2809 PINEWIC	K ROAL	21	.043	
2	14. FA	THER'S NAME FIRST		MIDDLE	LAST		13 WOLHER 2	MAIDEN NAM	WIDDIE *		LAST	ı	
Ó		GEORGE			BU	TLER			- UNKNOWN				
		AS DECEASED EN			166 SOCIALS	ECURITY NO.	17 INFORMAL	VĪ	ADDRESS	- 01	7770		LI CO
-	(4)	es, no or unknown) NO	(IF TES, GIVE	WAR OR DATES)	21/1-7	4-1895	JOHN	E. STEW	ART. 2809 PIN	ENTER	DOAT	,	
			AVII 5 .	1			301114	D. DIEW	AKT, 2007 TIV				RVAL
		PART I. DEATH	H WAS CAUSE	AUSED BY:							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
			IMMEDIAT	E CAUSE (0)	Un Zar	m rega	ruve_	SCHUCA	lung		_	100	
		707	0	DUE TO, OI	R AS A CONSE	DHENCE OF	(	7.6	1	200			
		Conditions, if any, which (16) Multiple Delutures Wills											
		gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF											
		underlying cause last											
		PART 2. OTHER S	IGNIFICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CONDITION	N GIVEN IN	PART 1(c	1	
	N C			Altera	Le len	El Can	dinv	in al	an disease				
-	CERTIFICATION	190 DATE OF OPE	RATION	19h CONDI	TION FOR WE	TICH OPERATION	N WAS PERFOI	RMED		IF YES, WER	EFINDIN	GS USE	D
7	FIC								IN CERTIFYING CAUSES OF DEATH?				
Carl.	ERT	21 - ACCIDENT WAS	LINDSPLYING T	7 216. TIME O	E INTUIDY		Tale HOW IN	ILIPY OCCUPE	YES NOW	YES [		NO [	
7		21a. ACCIDENT WAS		110110 4	M. MONTH	DAY YEAR	ZIC HOW IN.	JURT OCCURR	ED (ENTER NATURE OF INJURY IN THE	M IB, PARI I ON	CPART 2)		
	CAI	(IF EITHER, NOTIFY M		P.,	M.	19	F. J. J. J. S.					111	
	MEDICAL	214 INJURY OCC	URRED	21e. PLACE	OF INJURY	OF LABAL ETC.)	211 LOCATIO	N .	CITY OR TOWN	col	UNTY	9	TATE
	2	WHILE NO	T WORK	(ATTIOME, STA	icci, incioni, or	ice, rann, ere.,							
		22a.l certify that		tal) attended the	e deceased fro	om	1-16	- 1979	to 1- 20	- 197	1	that (I) (	we) lost
		saw the dec	eased alive on	1-	19-	-70	d that in (my)	(our) opinion d	leath occurred on the date on	d hour and			
á		obove, (I) (w	e) (did) (did no	t view the body	ofter death		DEGREE			12:	2c. DATE	SIGNED	
		220. SIGNATURE	1	-	eles			TTENDING	MEDICAL STAFF	2.	A. DATE	SIGNED	
				1	1		P	HYSICIAN Y	DIRECTOR PHYSICIAN				
		22d. PHYSICIAN S	NAME (TYPE O		0	2 2.2	27e ADDRESS	B. I and	RAY & HU	u R.	Ula	. 2	12-17
		DAK.	4911 N	5. 50	ALUJI	4 mD	1600	) / ( 1	1	1	·u		/
1	23a B	URIAL, CREMATIC	ON, REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR C	REMATORY	23d LOCATION				
	(5	TOMBMENT		01-23-			PARK M		BALTIMORE C	COUNT		RYLAI	ND
4		JNERAL DIRECTO		10T-72.	-13	TOODON		Inc DATE	177				ND
	-47	NAME			ADDRES		2122	IANG	2 1070 him	Englis	CAL	Ly	
	HU	BBARD FU	INERAL I	HOME, IN	NC. 410	7 WILKE	NS AVE.	DHIN	2 m 1313 "	-	~		

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REGISTRAR

24 FUNERAL DIRECTOR

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NAME

DHMH - 16 60M 1/75

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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## REGISTRAR MIDDLE LAST 20 DATE OF DEATH DECEASED NAME 2h HOUR TYPE OR PRINT EDWARD W. STIMMEL January 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH VEAR MIN. MALE WHITE 1898 ecember BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? COUNTRY MARRIED NEVER MARRIED Baltimore City DIVORCED Virginia WIDOWED D CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Herndon Court Painter Construction USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. 845 Herndon Court Baltimore YES TH NO [ 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Stimmel Catherine Jesse Vocum 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Balto., Md 21227 (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Poge 3309 Kessler Court poper 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o 35653 Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost ö PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO/DEATH BUTNOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, NO. 0 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPS à IN CERTIFYING CAUSES OF DEATH? YES [ NOF 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER) ž MEDI 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK 220 I certify that (1) (this hospital) attended the deceased from. sow the deceased alive on 19 7k, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED 0 + ATTENDING MEDICAL STAFF be deto e State l PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS should be with the S MPORT 300 GATTICON 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) COUNTY STATE Burial BP M.D. Cross Cemeterw Baltimore 250 DATE REC'D. BY REGISTRAR 25b. RESISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 ADDRESS (VRA 15(4)) George J. Gonce 4001 Ritchie Highway

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

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STATE OF MARYLAND

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STATE OF MARYLAND 79-01427 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH 7b. HOUR (TYPE OR PRINT) ANNIE STRATER JANUARY 28 1979 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAYS IF UNDER LYEAR MONTH 15°AY MONTHS DAYS HOURS Black 19 Female 59 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED BALTIMORE CITY ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17g. USUAL OCCUPATION 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Balto. JOHNS HOPKINS HOSPITAL THE OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Balto. 1849 E. 29th Street YES X NO [ 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Daniels Ernest Maranda 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 243-20-7826 George T. Strater 1917 E. 28th No APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY CarMide IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF STP3is and Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 enna 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES D 210 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART J OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER, NOTHY MEDICAL EXAMINER) 197 21d. INJURY OCCURRED 21e. PLACE OF INJURY 711 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from\_ 7.9 ond that in (my) (our) opinion death occurred on the date and haur and from the couses stated sow the deceased alive on. above, (1) (we) (did) (did not) view the body after death 776 SIGNATURE DEGREE 22c DATE SIGNED FUNERAL I PHYSICIAN DIRECTOR | PHYSICIAN | MPORTANT 22d PHYSICIAN'S NAME (TYPE OF PRINT) 77e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION REMOVAL 236. DATE Oxford, Oldgrove Cem. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 1101 E. North Ave. Wm C March F/H (VRA 15(4))

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STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH I. DECEASED NAME 26 HOUR (TYPE OR PRINT) 1979 January 22, 5P AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS Female White Oct. 25. 1915 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED Baltimore City North Carolina USA WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Church Home Hospital TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore Sales Clerk Dept. Store USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS 204 Homberg Ave. 21221 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Essex 21221 Baltimore Maryland NO I 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDOLE MIDDLE McKoy Jesse Nannie Mae Walker 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-30-2819 John H. Stratmeyer, husband Same No Chronic Obstructive Pulmonaty APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY Respiratory Failure. Cor Pulmonale with Congestive Heart Failure, Disease, IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Emphysema Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last

PART 2. OTHER SIGNIFICANT CONDITION COMPRESS OF STREET HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161
Renal Failure, Septicemia 20a AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 216. TIME OF INJURY 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 2H LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

220.1 certify that (I) (this haspital attended the deceased from Jan Jan sow the deceased alive on above, (1) (we) (did) (did not) view the body after death. ., and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated DEGREE 22b. SIGNATURE

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ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

A. F. Nour M. D. 100 N. Broadway

23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 1-26-79 Oak Lawn Cemeterv

(SPECIFY) Baltimore Co.. Maryland 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Funeral Home PA 1407 Old Eastern Ave AN ritre Malresolv

DHMH - 16 50M 7/77 (VRA 15 (4))

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b HOUR TYPE OR PRINTI 3 SEX & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS HOUR5 ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [ NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR MOST OF WORKING LIFE! INDUSTRY RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13d INSIDE CITY LIMITS? GEHILL AVEN YES NO T FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDOLE LAST MIDDLE 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS 17 INFORMANT (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for ioi, (b) and ic PART I. DEATH WAS CAUSED BY: minutes IMMEDIATE CAUSE (o OR AS A CONSEQUENCE OF Disease Conditions, if any, which Aubentensive pars gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. by pertension ssential uears PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 0 CERTIFICATION 0 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV YES | NO IT 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that (I) (this hospital) attended the deceased from\_ 20 sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove. (1) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL STAFF PHYSICIAN T DIRECTOR PHYSICIAN PORTANI 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS HAMILTON HOSPITAL LOCH RAVEN BLVD 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BP. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/73 (VR A 15 (4))

within 24 hours ofter

certificate be executed

requires that the death

OR ATTENDING PHYSICIAN: The low

retained by the haspital or attending physician

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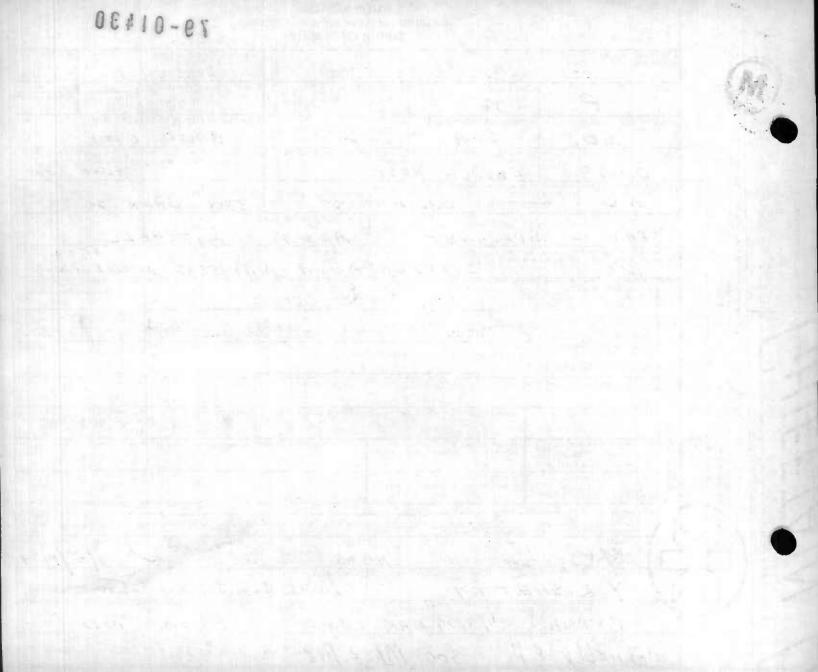
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-01430

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SEK   RACE   S DATE OF BRITH   A AGE (MY HARB LIST SITE)   TOUR STORY   TOUR STOR				М.	Strec	kfus		Janu	ary	5, 197	9 7:5	
15 02   76 VBS   1000	1	3. SEX	1.000					6 AGE (IN YEARS LAST BIR	THDAY)			
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TOTAL   AND   AN		14 FATHER'S N	AME			15. MOTHER'S	MAIDEN NA			1.A	ST	
The continuation of the	30	JEH	N L.			- 1 - 1						
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)   Cardiorespiraty arrest		I 60 WAS DECE	ASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMAL	VT.	ADDR	ESS	19	104	
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190 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS PERFORMED   206 AUTOPSY?   2706 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?   YES   NO   YES		DART 2	OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED	TO THE TERM	AINAL DISEASE OR COM	VDITION (	GIVEN IN PART 1	(a)	
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STATE   P.M.   19   19   19   19   19   19   19   1	orked or Hem 18 s	O 216. ACC		LICOUR A MA MONIT	H DAY YEAR							
220. I certify that (I) (this haspital) attended the deceased from 1979 and that in (my) (aur) opinion death accurred an the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the bady after death.  272b. SIGNATURE  272c. DATE SIGNED  272d. PHYSICIAN'S NAME (TYPE OF PRINT)  272d. PHYSICIAN'S NAME (TYPE OF PRINT)  272d. PHYSICIAN'S NAME (TYPE OF PRINT)  272d. DATE SIGNED  272d. PHYSICIAN'S NAME (TYPE OF PRINT)  272d. PHYSICIAN'S NAME (TYPE OF PRINT)  272d. DATE SIGNATURE  272d. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE  272d. DATE REC'D. BY REGISTRAR 272d. REGISTRAR'S SIGNATURE		W EITHE			19							
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230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN  23 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN  24 FUNERAL DIRECTOR ADDRESS MD -				nat) view the body after death		DECREE				22c DATI	E SIGNED	
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ANAME ALL ADDRESS MD ALL JAN 16 MARCHAN			13 VR117	- 19/19	CAK	LHW.						
MAME - / / / / / / / / / / / / / / / / / /		24 FUNERAL	DIRECTOR,			0			R 256. REC	SISTRAR'S SIGNA	TURE	
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	(N	1)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4.1. Year retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral frequency is should be detached for use as the burdat many permit. Then please remove corban poets. Pages 1 and 2 should be filled within 72 has called the complete of the com

		FOR 3/5/79 E STATE REGISTRAR	onone wi		ARTMENT OF H	EALTH AND MENTAL HYO ICATE OF DEATH		7.9 - I	0143	1	
· - 4		CEASED NAME FIREOR PRINT)	12	MIDDLE		AST	20. DATE OF DEAT		DAY YEAR  1 79	26 HOUR	
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	3. SE		4 RACE	0.010	5. DATE C	DAY LOYEAR	6. AGE (IN YEARS LAS	BIRTHDAY)	MONTHS DAYS	HOURS MIN	
	7- 0	male  IRTHPLACE (STATE OR FOREIGN	24 CITIZE	ORU N OF WHAT COUN		ne 11, 1909	1	YRS.	Y OF DEATH		
272		Ohio	78 CITIZE	TISA		NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY			MD.	
WHiled of		ITY OR TOWN OF DEATH	(IF NOT	E OF HOSPITAL, NI IN SUCH FACILITY, GIVE UNION ME	URSING HOME (	OR OTHER INSTITUTION	120. USUAL OCCUP	PATION	FE) INDUSTRY	deral Gov	
St Sen	USU 130	AL RESIDENCE (IF NURSING PL	OME OR OTHER INSTITUTE	TUTION, GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRE	SS	14	delet de	
100		Maryland ATHER'S NAME	Baltin	TOL LTICE	esville	YES NO L		oclaridg	e noad		
130 × 30		FIRST	Stuart.	LAST	ī	Parbara	MIDD	.E	LA!	ST	
_	160.	George W.	S. ARMED FOR	ES? 166 SOCIAL	SECURITY NO.	17 INFORMANT		DRESS			
2		YES, NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DAT	278 1	4 0968	Mrs. Naoma	Stuart	Pikesvi	lle. Ma	rvland	
the		IS CAUSE OF DEATH E	ater only one cou		bi, and ici					MATE INTERVAL ONSET AND DEATH	
vent		PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) Cardionerputory failure								978	
ofic e		DUE TO, OR AS A CONSEQUENCE OF									
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or off	10	underlying couse lo	ic)								
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Sony	FIG	190 DATE OF OPERATION	196. 0	ONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		IN CERT	FYING CAUSES	OF DEATH?	
smoys 9	E	210. ACCIDENT WAS UNDERLYI	NG 🗆 21h T	IME OF INJURY		21c. HOW INJURY OCCUR	YES NO		PART I OR PART 2)	NO 🗆	
Hem 18	MEDICAL CI	OR CONTRIBUTING CAUSE	OF DEATH HOL	JR A.M. MONTH	H DAY YEAR						
or He		(IF EITHER, NOTIFY MEDICAL EXA		P.M. LACE OF INJURY	19	21f. LOCATION					
		WHILE NOT WHILE	(AT HO	DME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	STREET	CITY O	RTOWN	COUNTY	STATE	
E OL		220.1 certify that (I) (this	hospital) attend	ded the deceased f	rom	19 78	. 10	T	19_71	that (I) (we) lost	
5 - 2		sow the deceased of	ive on	2		nd that in (my) (our) opinion	death occurred on th	ne date and ho	ur and from the	couses stated	
E		obove, (1) (wei-(did) tdid not view the body after death.  226. SIGNATURE  DEGREE  226. DATE SIGNED									
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Z	1	224 PHYSICIAN'S NAME	(TYPE OR PRINT)	7		22e ADDRESS					
IMPORTANT: IF		WEGL	EIN			Unun's	Minune	2/10	putal	<u> </u>	
_	230	BURIAL, CREMATION, REM	OVAL 236 DA	TE.		EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE	
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7	24.	FUNERAL DIRECTOR	7.7	ADDRE		1 1/1	N4 1970	MAN 238. REIGIS	L SIGNA	OKE	
		Frank H. Ne	well, in	nc. Pike	sville,	Mary Land	13/3		- ymal	ready	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH 2h HOUR I. DECEASED NAME (TYPE OR PRINT) ANNA STURBTNS 25 IF UNDER I YEAR IF UNDER 24 HRS 6. AGE LIN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH 3. SEX MONTHS DAYS HOWRS YEAR 1905 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? 36. BIRTHPLACE ISTATE OR FOREIGN MARRIED A NEVER MARRIED COUNTRY Manuland WIDOWED DIVORCED [ 12a, USUAL OCCUPATION 126. KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS), Raltimore. Balto Gen. Hosp. har-ladu Sanking USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 113b. COUNTY Jackson St. Balto Md. 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE acobs surke. ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Mrs. Anna L. Valentine, 1721 Pataosco St. 21 18 CAUSE OF DEATH (Enter only one couse per line for to life PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 OR AS A CONSEQUENCE OF ente Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED à IN CERTIFYING CAUSES OF DEATH? YES 🔀 NO YES 🔀 NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH I IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21f. LOCATION 21e. PLACE OF INJURY 21d. INJURY OCCURRED COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from, -21and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on\_ above, (1) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED 22h SIGNATURE DEGREE ATTENDING MEDICAL FUNERAL old be deto DIRECTOR PHYSICIAN **PHYSICIAN** MPORTANT 22e. ADDRESS 22d. PHYSICIAN'S NAME 0 23d. LOCATION 23(. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY (SPECIFY) edar Hill emertery Baltimore. Paruland 250, DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 25M dully Funeral Home, 130 E. Fort Ave. Balto. Md. (VR A 15 (4) ) 9/74

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 26 HOUR (TYPE OR PRINT) Noward 3. SEX AUCASIAN 3 BALTIMORE CITY OR COUNTY OF DEATH JE BIRTHPLACE STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED XX VEVER MARRIED BALTIMORE CITY IISA MARYLAND WIDOWED DIVORCED 120 USUAL OCCUPATION 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 125 KIND OF BUSINESS OR SINAI HOSPITAL OWNERTRETTRED JEWELRY STORE BALTIMORE ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 134 INSIDE CITY LIMITS? 13. 6762 CHEROKEE DR. 136 COUNTY BALTIMORE BALTIMORE 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MAX FIRST MIDDLE MIDDLE SUGAR MARY BAUMOHLAST ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 6702 CHEROKEE DR. #21209 (YES NO OF UNKNOWN) 212-01-8216 MRS. RENA SUGAR APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (0, (b, ond ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUF TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ ntal Hygin 71a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 71d INJURY OCCURRED 21s. PLACE OF INJURY 2)f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a. | certify that (1) (this hospital) attended the deceased from saw the deceased alive on. and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did not)-view the body after death 226. SIGNATURE DEGRÉE 22c. DATE SIGNED + ATTENDING MEDICAL shauld be deta PHYSICIAN DIRECTOR PHYSICIANT MPORTANT 22d. PHYSICIAN'S NAME ALYPE OR PRINT 22e ADDRESS SINAI HOSPITAL - BALTO., MD 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY (SPECIFY) BURIAL REISTERSTOWN JAN. 21, 1979 BALTIMORE HEBREW 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., DHMH - 16 60M 1/75

6010 REISTERSTOWN RD., BALTO., MD 21215

(VR A 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

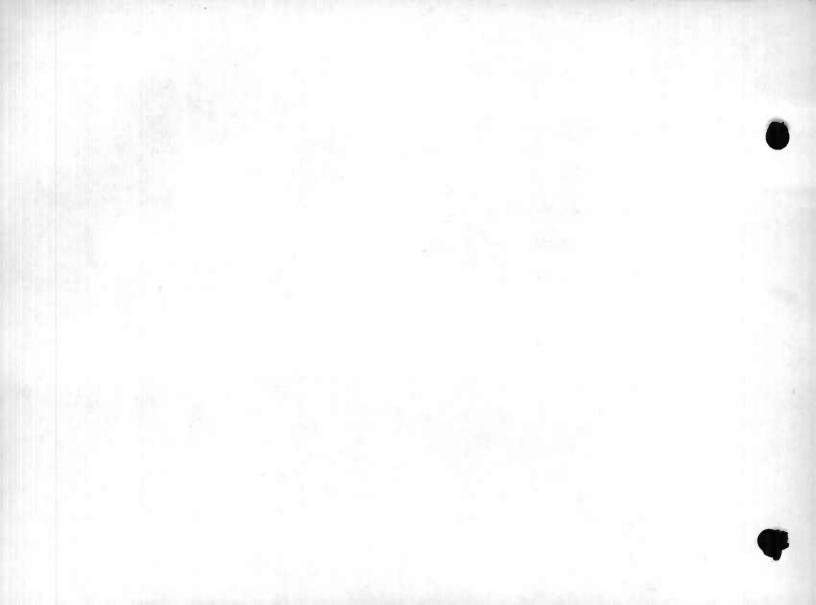
79-01433 1,10/19 / 2 11 11 11 11 NAME: Baby Boy Suit

DATE OF DEATH: January 30, 1979

PLACE OF DEATH: Baltimore City

SEE: # 79-04126

February, 1979 Baltimore City



STATE OF MARYLAND

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 2b. HOUR L DECEASED NAME FIRST AKA George Smith (TYPE OR PRINT) George Szymaszek S. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 4. RACE 3 SEX MONTH VEAD MONTHS DAYS HOURS White Male Oct. .1909 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore City Maryland WIDOWED DIVORCED 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR ID. CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Baltimore Hospital City Parks Caretaker South USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 309 WASHBURN A.W Baltimore Maryland NO [ 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Sophie Szymaszek Dobus Joseph ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-01-2904 Barbara Chariponuk same as 13 NO APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o OR AS A GONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? ā IN CERTIFYING CAUSES OF DEATH? NOF YES IX NO [ Hygi 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ntol (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M. 21f. LOCATION 21d. INJURY OCCURRED 21s. PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (I) (this hospital) attended the deceased from saw the deceased alive an. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22c. DATE SIGNED 22b. SIGNATURE DEGREE ă STAFF ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN. MPORTANT: 27 PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS should be with the S South Leischman Genera 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 236. DATE Burial CITY OR TOWN COUNTY Baltimore Rosary Cem. Maryland BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 25M (VR A 15 (4) ) 9/74 4001 Ritchie Highway Goerge J. Gonce

19-01436 Lorentze Wight Took voor view and the contract of the contract Scarge J. Scarge 1900 Mitagie Fighway JAN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME MIDOLE 20 DATE OF DEATH 2b. HOUR (TYPE OR PRINT) AIVIN 8:30 au JAN TALIAFERRO 11 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MALE MONTH YEAR HOUR5 BLACK 21 2 3 3 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMOME WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DALTIMANE Dujolent rivea BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Hillow NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDGLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) In lock 146 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OR AS A CONSEQUENCE OF MI Decidia Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 301 W. Cardiavasalar underlying cause last 01 Arteriosculatie PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h, IF YES, WERE FINDINGS LISED à. IN CERTIFYING CAUSES OF DEATH? NO YES T NO T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21e PLACE OF INJURY 21d INJURY OCCURRED 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK whenty 22a.1 certify that (1) (this haspital) attended the deceased from. NU saw the deceased alive on-, and that in (my) (aur) apinion death occurred an the date and hour and from the couses stated abave, (1) (we) (did) (did not) view the bady after death DIREC 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MPORT, 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE (SPECIFY) CITY OR TOWN WESTERN STAR CEM URIA BALTO, Md 74 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGI DHMH - 16 60M 7/73 ADDRESS 1348 (VRA 15 (4)) OHYE, CALHOUN ST.

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FOR - STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-01439

1979

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CEASED NAME FIRST BERNA  X Male RITHPLACE ISTATE OR FOREIGN	RD E.		ATRO	JANUARY		YEAR	26 HOUR
X Male RTHPLACE (STATE OR FOREIGN	4 RACE		ATRO	JANUARY		107	h 2 7 0 1
Male		5. DATE O			4,		9 2:102
RTHPLACE STATE OR FOREIGN		May	6, 1923 YEAR	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	HOURS MIN.
Tone, N. Y.	76 CITIZEN OF WHAT COUNT U.S.A.	WIDOWE		Baltimore city o		FDEATH	MD
altimore	Chursh Home i	Töspital	R OTHER INSTITUTION	120. USUAL OCCUPATION		126 KINDO	ed ed
AL RESIDENCE (IF NURSING NOME OF STATE 138 COUNTY AND 138 COUNTY A	ROTHER INSTITUTION, GIVE RESIDENCE E NTY BAITI	DEFORE ADMISSION) TOWN TOPE	13d. INSIDE CITY LIMITS? YES 🙀 NO 🗌	3803 Foste	r Avent	ıe e	
ATHER'S NAME Adam	Tatro		Is MOTHER'S MAIDEN NAM	WHDOLE		D LAS	51
VAS DECEASED EVER IN U.S. AR yes, no or unknown] (IF yes, givi <b>es</b> Dec	MED FORCES? 166 SOCIAL S		Mas Mary Tot				
gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSE	EQUENCE OF		INAL DISEASE OR COND	1206. IF YES, W	VERE FINDIN	NGS USED
16 17 18 15				YES NOTE			OF DEATH?
	P.M. 21e PLACE OF INJURY	19	21c. HÖW INJURY OCCURE 211. LOCATION STREET			OR PART 2)	STATE
saw the deceased alive on	1-4	19 <u>79</u> , on	DEGREE ATTENDING	MEDICAL STAP	F \	nd from the	
A SIGNATURE	1 A M A L		PHYSICIAN [	DIRECTOR PHYSIC		1	4 / 1
A VIII	ALLIMOTE  AL RESIDENCE (IF NURSING NOME OF TATE 138 COUNTY 138 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA:  Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost  PART 2. OTHER SIGNIFICANT (190. DATE OF OPERATION  210. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE AT WORK AT	ALL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE TATE THAT THE TATE TO THE TENTON THAT THE TENTON THE	ALL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  TATE  ATATE  ATATE  THER'S NAME  FIRST  AS DECEASED EVER IN U.S. ARMED FORCES?  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) CA  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gove rise to immediate couse [a], stating the underlying couse lost  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT II  190. DATE OF OPERATION  190. DATE OF OPERATION  191. CONDITION FOR WHICH OPERATION  192. CAUSE OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  210. INJURY OCCURRED  WHILE  NOT WHILE  NO	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  TATE  ATTEM  THER'S NAME  FIRST  ANDLE  TATO  TATO  TOTOTH  AS DECEASED EVER IN U.S. ARMED FORCES?  SOR UNKNOWN!  BY  THE CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). CARD TO FULMONA  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  TOTOTH  TOTOTH  DUE TO, OR AS A CONSEQUENCE OF  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY  (IF EITHER, NOTIFY MEDICAL EXAMINER)  PIND IN WAS MARY  TOTOTH  TOTOTH	ALTERSIDENCE (IF NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ALTERS THAT THE STANKE PRIST PRISTIPUT P	ALTION CONTRIBUTION OF CONTRIB	A COUNTY BUTCH THOMORY HOSPETS AND THE RESIDENCE REFORE ADMISSION   134 INSIDE CITY LIMITS?   135 REFT ADDRESS   135 ROST POSTOR AVENUE   135 ROST

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST 20 DATE OF DEATH I. DECEASED NAME MIDDLE 25 HOUR (TYPE OR PRINT) E HARRIET Jan. 8 TAUBER 1979 3. SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR MONTH DAY YEAR DAYS FEMALE CAUCASIAN Aug. 64 years YRS 1914 To\_BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED Maryland BALT. CITY WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR BOOK KEEPER (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore MONTEDELLO HOSP. CENTER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. COUNTY
132. CUTY-OR TOWN Baltimore 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 6824 old Pemlico Rd. Back. MD. 240 MARYLAND NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Rileigh Lewis 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) IYES, NO OR UNKNOWN) 213-09-8743 Mr L. Charles Tauber No Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), I PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Pneumonitis 4 days DUE TO OR AS A CONSEQUENCE OF 16) Basilar Arrery thrombosis m' semi coma 3 mos Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last Diaheles Mellitus ā PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION coronary artery discuse Decubilis ulcers NO YES [ NO F 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING \_ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a. I certify that (1) (this haspital) attended the deceased from \_ NOV . Jan sow the deceased alive on Jan. 8 above, (hilwe) (did not) view the body after death. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL Jumanon M.S. be deto Jan. 8. 1979 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS MONREbello HOSP, CENTER should b C. TUMANON, M.S. RHODORA BALT 2201 ARGONNE BRIVE MD. 21218 230 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION STATE Entombment Druid Ridge Baltimore. Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REQ DHMH - 16 50M 7/77 (VR A 15 (4)) Leonard J Ruck Inc. Baltimore, Maryland

ottending physicion and completely filled in by the funeral direction over carbon papers. Pages 1 and 2 should be filled within 72 hour

IMPORTANT: If hem 21 is marked or hem 18 shows ony injury, or other troumatic event, the medical examiner must be notified at once.

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physici should be detached for use as the buriol-transit permit. Then please remove carbon paper with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	REG. N	9-0	144	1
		EASED NAME FIRST		MIDDLE	1	AST	20. DATE OF DEATH	MONTH DAT	Y YEAR	2h HOUR
	TITPE	Louveni	a		Ta	ylor	January 7	, 1979		5:24 A
	3. SE)		4 RACE		5 DATE C	OF BIRTH	6. AGE   IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
		Female	Nec	ro	MONTH		58	YRS.	ONTHS DAYS	HOURS MIN
	7a. BII			WHAT COUNTRY?	1		9 BALTIMORE CITY C		OF DEATH	
9		OUNTRY)	***	CA	MARRIE	D NEVER MARRIED	Baltimor	_		440
1		rginia TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPAT		126. KIND C	OF BUSINESS OR
8		ltimore	Maryla	nd Genera	1 llos	pital	TYPE OF WORK FOR MOST O	F WORKING (IFE)	INDUSTRY	
1	13e S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUN	OTHER INSTITUTION TY	GIVE RESIDENCE BEFORE	ADMISSION)	134. INSIDE CITY LIMITS?	130. STREET ADDRESS			
4	M	Maryland		Baltim	ore	YES 🖾 NO 🗌	1823 Mc	<u> Cullor</u>	1 Stre	eet
	14. FA	THER'S NAME	NODLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS	SI.
X						_	Bronax	5	Sherr:	if
1		VAS DECEASED EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRI			
		ES, NO OK ONKNOWN)	WAR OR DATES)			Roosevelt	Taylor 18	23 McC		
		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per	line for (a), (b), and	d (C). I				BETWEEN	ONSET AND DEATH
			E CAUSE (0)	Respirat	ory F	ailure				
		436-	DUE TO, O	R AS A CONSEQUE	NCE OF					
		Conditions, if ony, which	(b)_	Pulmonar	y Emb	oli			1/6/	79
		gove rise to immediate couse (0), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF					
		underlying couse lost	( (c)_(	Cerebral '	Vascu	lar Accident			12/29	9/78
	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS C	ONTRIBUTING TO (	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GIVEN	V IN PART 10	01
	CERTIFICATION	198 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
2	IIFIC						YES NO REX			OF DEATH?
1	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME C			216 HOW INJURY OCCUR				
1		OR CONTRIBUTING CAUSE OF DEAL								
	MEDICAL	214 INJURY OCCURRED		M. OF INJURY	19	21f LOCATION				
	ME	WHILE NOT WHILE		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	VN	COUNTY	STATE
		220.1 certify that XI) (this haspit	al) attended th	e deceased fromD	ecemb	er 29 10 78	January	7 19	79	that (K(we) lost
		sow the deceased alive on above, 10 (we) (did) (10 00)	Januar	7 7 19	79。	nd that ( ) (our) opinion				1 - 1
	-	726 SIGNATURE	0 1	1		DEGREE ATTENDING PHYSICIAN [	MEDICAL STA	FF F	22c. DATE	SIGNED
		224. PHYSICIAN'S NAME ITYPE OR	PRINT)	FUNN		220 ADDRESS	_ DIRECTOR PHISH	JANU	1//	1/1
		Michael J.		M.D.		c/o Mary	land Genera.	l Hospi	tal	
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	-	OUNTY	STATE
	1	Cremation	1/11	/79 Ce	dar	Hill Cemete		rundel	L Co.	4
	24. FU	INERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRAR		AR'S SIGNAT	MRE
	M	m. C. March	F/H 11		Nor	th Ave. JA	N 1 6 1979	purpa	y/ka	ready

DHMH-16 20M (VRA 15, 4) 7/7B

TO HOSPITAL

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## 2a. DATE OF DEATH DECEASED NAME (TYPE OR PRINT) Stel & AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH 3. SEX HINOM DAY 82 BALTIMORE CITY OR COUNTY OF DEATH thin 72 hou TE CITIZEN OF WHAT COUNTRY IN BIRTHPLACE ISTATE OR FOREIGN MARRIED ANEVERMARRIED COUNTRY) Baltimore (ite WIDOWED X DIVORCED [ NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 10 CITY OR TOWN OF DEATH (TYBE OF WORK FOR MOST OF WORKING LIFE) one maker rewide USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13c. CATY OR TOWN 134 INSIDE CITY LIMITS? 1136. COUNTY pino YES 4 NO 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME 2 6 MIDDLE P ADD RES 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) John t. 18 CAUSE OF DEATH (Enter only one couse per line-for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O. DUE TO, OR AS A CONSEQUENCE OF ate Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION 0 206. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190. DATE OF OPERATION INCERTIFYING CAUSES OF DEATH? ā. YES [] NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 218. PLACE OF INJURY 21d. INJURY OCCURRED CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK on 22a.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 776 SIGNATURE MEDICAL STAFF ATTENDING should be deta with the State [ PHYSICIAN DIRECTOR PHYSICIAN 22e\_ADDRESS 22d PHYSICIAN'S NAME (TYPE OF PRINT) MPORT 23d. LOCATION 231. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 236. DATE Baltimore (SPECIF Burial Anne Arundel Md. edar Hill emeteru 250. DATE REC'D. BY REGISTRAR 256. AT SIST AR'S SOME THE

ly typeral Home of Brookstun

FOR

- STATE

DHMH - 16 25M

(VR A 15 (4) ) 9/74

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER I YEAR

INDUSTRY

YES [

1979

COUNTY

DAYS

26 HOUR

126. KIND OF BUSINESS OR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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IF UNDER 24 HRS

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of a	16.	Items #18-22a F	DEPARIM	ENT OF HEALTH AND MENTAL HY		01445
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. 38 S. S. F.		Or On House	indace	Thomas	20. DATE KNOWN KX MONTH OF ESTI- DEATH MATED 1/	2719 79 M
STREET STREET	3. SE	X 4.RACE black	S. DATE OF BIRTH	AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 LAST BIRTHDAY) MONTHS DAYS HOURS M	HRS. 2C. DATE MONTH PRONOUNCED DEAD 1/	2719 79 D.M
A STATE OF S	io l	SIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTI	8. MARRIED NEVER MARRIED	_ D-14 * C*	Y OF DEATH
AY IS NE THE FUR AGE 5 F FILED, W	1-1	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI Provident Ho	WIDOWED DIVORCED SING HOME, OR OTHER INSTITUTION  EET ADDRESS)	TO USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	THU.
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RE, MD. 2 DEATH. I GES 1, 2, RM PM 3 AND 2 S	9	WALTER	MIDDLE THE	ST AS STADE	ADDRESS ADDRESS	LACK
BALTIMORE, MD. URS AFTER DEATH S. GIVE PAGES 1. WITH FORM PM. PAGES 1 AND 2. DIVISION OF VITA	/	WAS DECEASED EVER IN U.S. AR YES, NO, ORUNKNOWN) (IF YES, GIVE	WAR OR DATES)	WALTER	E. THOMAS 43	10 MAINE A
. 200		PART I DEATH WAS CAUSE	ly one couse per line for (a), (b), on DBY:  TE CAUSE (a)  Undeter			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which	DUE TO, OR AS A CONS	EQUENCE OF		
		gove rise to immediate cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSI	EQUENCE OF	W 6.	
L RECORDS, 3G  ULD BE EXECU "PENDING" IN "PENDING" IN SED AS A BURITH AND CREMATION, C	NO	PART 2 OTHER SIGNIFICANT CONDITIONS		O TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I	(a).	
SHOULD SHOULD ORD "PEN CHIEF N E USED "	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED?	a self and of	20 AUTOPSY? YES XX NO
N OF V		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216. TIME OF INJURY HOUR A.M. MONTH I		ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR	
A A G A A W	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY STREET, FACTORY, FARM, ETC		CITY OR TOWN COU	NTY STATE
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PATER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213		22a. I certify that I took charg	ge of the remains described above		, Inquiry , and in my opi	inion
AL EXAM HE CERTI HOULD E TH, WITH, WITH,		ACTUAL SIGNATURE	rginea LAda	n.d. Assistant	_MEDICAL EXAMINER SIGNEI	1/28/79
TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERA AFTER DEATH BALTIMORE,	1	(TYPE OR PRINT)	GINIA L. DOLAN,	ADDRESS III Pe	nn Street, Balto, l	MD 21201
2 × 4 0 × 8		BURIAL, CREMATION, REMOVAL SPECIFY)	1-31-79 KI	NG MEM. PARK	23d LOCATION COUNTY OF TOWN FAM DALLSTOLL	M. Ma
DHMH - 17 (VR A15 ME (5)) 30M 7/73	24.	FRAY O. DYE	77 4600 2	PARTY HATE FFB 2	25b. by REGISTRAR 25b. by GISTRAB'S S	GNATURE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20. DATE OF DEATH MONTH 76 HOUR (TYPE OR PRINT) CA IF UNDER 1 YEAR 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNOFR 24 HRS MONTH OAY YEAR DAYS HOURS Female Th CITIZEN OF WHAT COUNTRY? M BIRTHPLACE ISTATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED TO NEVER MARRIED COUNTRY) W.Va. WIDOWED DIVORCED | IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore None MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE | 136 COUNTY | 131. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Md. 6638 Eberle Drive City Baltimore YES TO NO 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST MIDDLE LAST Melvin Duball Dora Johnson 16n WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17. INFORMANI (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Baltimord. Md.21215 0 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for to) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 OR AS A CONSEQUENCE O Conditions, if ony, which 1 ring gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY DIVISION OF VIT 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d. INJURY OCCURRED 21ª PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from\_ , that (I) (we) lost saw the deceased alive on. and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death be detoched e State Dept. 226. SIGNATURE DEGREE 22c DATE SIGNED + ATTENDING MEDICAL STAFF FUNERAL DIRECTOR PHYSICIAN PHYSICIAN | MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRES should b 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23c. BURIAL CREMATION, REMOVAL 23b. DATE CITY OR TOWN COUNTY STATE (SPECIFY) Cremation Westview Memorial 250. DATE REC'D. BY REGISTIKAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 Pikesville Mi. Frank H. Newell, Inc. (VRA 15 (4))

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Or reston 1/c/v contract of 50% of the following of a serious of the first of the f

DHMH - 16 50M 7/77 (VR A 15 (4))

тоу be

FOR

STATE	OF	MARYLAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-01449

REGISTRAR		CERT	FICATE OF DEATH	REG, NO	
1. DECEASED NAME FIRST	MIDDLE		LAST		MONTH DAY YEAR 26 HOUR
Har	rv Milto	on	Thompson		1 25 79
3. SEX	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN
Male	Black	8		77	YRS MONTHS DATS HOURS MIN
Jd BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	OUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
Maryland	USA	WIDOV		T) - 7   1	e tity
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPIT		OR OTHER INSTITUTION	12a USUAL OCCUPATION	ON (12b. KIND OF BUSINESS C
Baltimore			r. Apt. 100		, , , , , , , , , , , , , , , , , , ,
USUAL RESIDENCE (IF NURSING HOME COL		DENCE BEFORE ADMISSION	1) 134 INSIDE CITY LIMITS?	13e STREET ADDRESS	
Maryland		ltimore	YES 🔣 NO 🗌	727 Druid	l Park Dr. Apt.1
14 FATHER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDEN N	AME	LAST
Henry Thompson	on		Mamie		Cager
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SC	CIAL SECURITY NO.	17 INFORMANT	ADDRE	Apt.
No	21	9-07-367	2 Ethel Tho	ompson 727	Druid Park Dr.
18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly ane cause per line far	(a), (b), and (c).)		ATTE MED	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	TE CAUSE (o)	RENAL	FAILURE		24 HRS.
5829	DUE TO, OR AS A	CONSEQUENCE OF			
Canditions, if ony, which	(b)	CHRON	IC RENAL INSU	FFICIENCY	7 YRS.
gove rise to immediate couse (a), stating the	DUE TO OR AS A	CONSEQUENCE OF			
underlying cause last.	(c)				
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE OR CONE	DITION GIVEN IN PART 1(a)
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING					
5 190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATE	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
RIIF			STATE OF THE REAL PROPERTY.	YES NO	YES NO
OB CONTRIBUTING CAUSE OF D		RY Onth day yeal		RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2]
(IF EITHER, NOTIFY MEDICAL EXAMINE		19			
(IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED	210. PLACE OF INJU	JRY ORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	VN COUNTY STATE
AT WORK AT WORK					
220 certify hat (1) (this lines	Hol) attended the deced	sed from FIFE	. 19_71	to IAN	19 79, that (I) (west
sow the receased alive a abave, (1 (we) (did) (did)	at) view the bady after de	19 79	and that in (my) (evel opinio	n death occurred on the do	ate and have and from the couses stated
2 b. SIGNATURE	1		DEGREE		22c. DATE SIGNED
Hishus	K. mil.	hell !	ATTENDING PHYSICIAN	MEDICAL STAF	26 JAN 79
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS		
	דתר דדים דדים	M.D.	2202 GAR	RISON BLVD.	
JOSHUA R. M					
JÓSHUA R. M			CEMETERY OR CREMATORY	23d. LOCATION	
23a BURIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	ore STATE Md.
23d BURIAL, CREMATION, REMOVA (SPECIFY) Burial 24 FUNERAL DIRECTOR		230 NAME OF King	Mem. Pk.	23d. LOCATION	ore Md.

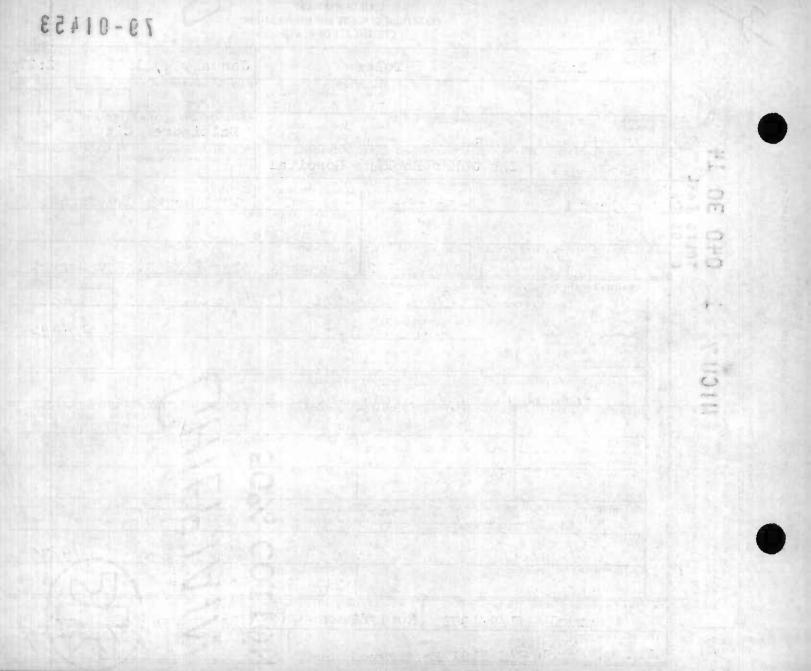
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN YEAR 2b. HOUR (TYPE OR PRINT) S NECESSARY, PLEASE
FUNERAL DIRECTOR.
5 FOR YOUR FILES.
D, WITHIN 72 HOURS
W. PRESTON STREET, DEATH MATED Purnel1 Thompson 25 1979 6. AGE (IN YEARS | IF UNDER 1 YR. 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2d, HOUR DATE YFAR LAST BIRTHDAY) PRONOUNCED 6:19 Male Black. Dec. 22, 1912 Th. CITIZEN OF WHAT COUNTRY? DEAD 25 19 79 AM TO BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City, WIDOWED DIVORCED FILED, ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) 1005 N. Fulton Avenue Baltimore City SHOULD BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. INSIDE CITY CIMITS? 13e STREET ADDRESS 110 NO HIMERE OF VITAL 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME PM MIDDLE MIDDLE LAST FIRST LAST FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES SOCIAL SECURITY NO. 17. INFORMANT ADDRESS PAGES (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). MEDIC 4 CERTIFICATION OF HEA 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES NO X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH R TO MEDICAL PM 19 21e. PLACE OF INJURY (AT HOME 0 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK AT WORK DIRECTOR: N. WITH THE S X 220. I certify that I taak charge of the remains described above, held an Autapsy and in my apinion Inspection Inquiry Hamicide death resulted from: Natural causes Accident Undetermined manner TITLE (SPECIFY) ACTUAL 1/25/79 TO FUNERAL D AFTER DEATH, BALTIMORE, MA Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn Street (TYPE OR PRINT) ADDRESS 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** ADDRESS (VR A15 ME (51) 30M 7/73

79-01452 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE LAST 20 DATE OF DEATH 26 HOUR TYPE OR PRINT Dosie L. Thornton 15 79 5 DATE OF BIRTH 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS BOURS. 10 29 Female Black 49 7a. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED K NEVER MARRIED COUNTRY N.C. USA Baltimore City WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 1315 N. Broadway Balto. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 MSUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS
1315 N. Broadway 130. STATE 13b COUNTY Balto. 13d INSIDE CITY LIMITS? Md. YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MICOLE MIDOLE FIRST T. Eugene Surles Cora Johnson ADDRESS IAN WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I LIFYES, GIVE WAR OR DATES! Alfronso S. Surles 550 Jeffery Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 OR AS A CONSEQUENCE OF will xemus Conditions, if ony, which gave rise to immediate cause 101, stating the A CONSEQUENCE OF ling refasfases of concer underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 CERTIFICATION 0 Cancer 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 710. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 211. LOCATION ö 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED -ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS d b 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL STATE (SPECIFY) COUNTY 1/20/79 Baltimore, Md. Burial Baltimore Cem. 250 DATE REC'D. BY REGISTRAR 256. RECISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 ADDRESS (VR A 15 (4)) 1101 E. North Ave. Wm C March F/H

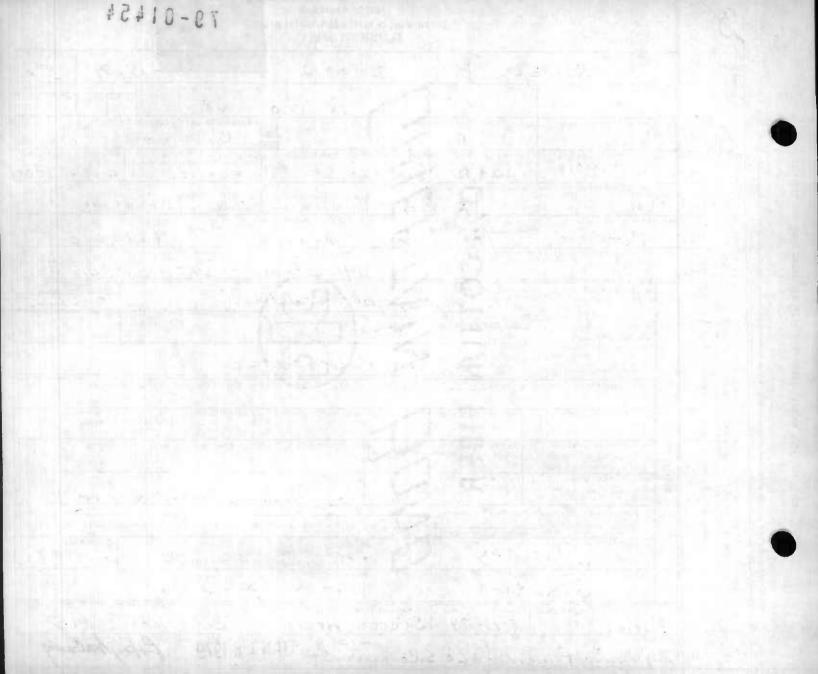
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67	10 1 29	alon All	9 8 3
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	3.0	1315 K. Brend	No. to.
1313 M. Brondmay	2		. 694
L. Johnson	6360	T. Surles	enegal

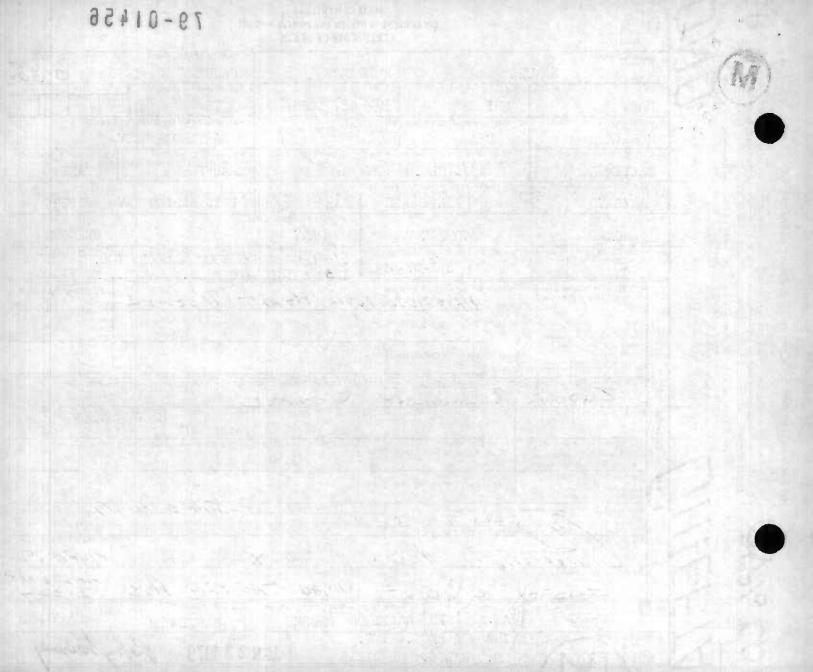
Cm C March T/H 1101 E. North Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-01453 - STATE CERTIFICATE OF DEATH REGISTRAR REG, NO 2g. DATE OF DEATH LAST DECEASED NAME TYPE OR PRINT January 4, 1979 Earl Toles 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 3 SEX DAYS HOURS MONTH DAY YEAR 1905 Male Negro BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED TENEVER MARRIED City Baltimore WIDOWED DIVORCED | Virginia 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR 12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY The Johns Hopkins Hospital Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. COUNTY
132. CITY OR TOWN 13g. STATE 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 1235 North Gay Street Baltimore Maryland 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE LAST Isabella ADDRESS 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) 225-16-5220 Jeanette Toles 1235 N. Gay Street NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to OR AS A CONSEQUENCE OF 40 to NIOC Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO I NO YES [ 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 111 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a. | certify that (1) (this haspital) attended the deceased from... and that in (my) (our) apinion death accurred on the date and hour and from the causes stated sow the deceased alive on\_ obove, (1) (we) (did) (did not) view the body ofter deoth. 22c. DATE SIGNED DEGREE 22b. SIGNATURE ATTENDING MEDICAL FUNERAL E PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) JHH 500 N. Broadway; 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE PARK KING MENLORIAL 1/9/1979 Baltimore Co., Maryland Burial 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 ADDRESS (VRA 15(4)) Wm. C. March F/H 1101 East North Ave.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH 7b. HOUR L DECEASED NAME (TYPE OR PRINT) 200 TOMANIO RUSSELL PM IF UNDER 24 HRS A AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 4 RACE 3. SEX 5 DATE OF BIRTH YEAR DAYS HOURS MONTH W 18 2 1910 BALTIMORE CITY OR COUNTY OF DEATH b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR FOREIGN MARRIED A NEVER MARRIED COUNTRY Baltimore DIVORCED | WIDOWED OIVN. 12h KIND OF BUSINESS OR NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CILY OR TOWN OF DEATH . (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITIMOre 220 S. CONKLING 的cTH Retireo Steel USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130 STREET ADDRESS CONKLING 13d. INSIDE CITY LIMITS? 13a STATE 136 COUNTY 13c. CITY OR TOWN Balto. NO 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME FIRST aTRICK MaNIO aria 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 166 SOCIAL SECURITY NO. PONCETTA DI EMIDIO 341 (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18 CALISE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY myocardial 8-12 hru IMMEDIATE CAUSE (O DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF PULM ONALE underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20h, IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION pri IN CERTIFYING CAUSES OF DEATH? YES [ NOF YES [ NO I 21a. ACCIDENT WAS UNDERLYING 21c, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY 0 COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.1 WHILE NOT WHILE record AT WORK , that (1) (we) last 22a.1 certify that (I) (this hospital) attended the deceased fram. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased plive on. obove, (1) (we) (did) (did not) view the body ofter death 22c. DATE SIGNED DEGREE 226. SIGNATURE 1-15-79. ATTENDING MEDICAL PHYSICIAN [ DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS d b . Hughland Ave MPORT G. KARKAN 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE Sacres BUITIMORE, HEART BP. Duria 24 FUNERAL DIRECTOR DHMH - 16 25M ANNINO Tuneral - 263 SiCONKLING ST. (VR A 15 (4) ) 9/74





X	1 - STATE REGIS	TRAR	FIRST	М		MENT OF I				F DEAT		REG. NO		431	
ET, SS.	(TYPE OR PRI		Georg	e	1000	Lmer	T	ranum		1	OF E	STI-	MONTH	24 <sub>19</sub> 79	2b. F
N STRE	Male	4. RA	White	June 1	Y YEAR	6. AGE (IN YEAL LAST BIRTHDA	Y) MONTH	DER 1 YR.	IF UNDER 2		DATE ONOUNCE DEAD	D	MÖNTH	24 <sub>19</sub> 79	2d.
S RESTO	To RIPTHPI	ACE (STATE OF COUNTRY) Virgin	2	76. CITIZEN OF	WHAT COUN				VER MARRIE DIVORCE		BALTIMOR	_	_	City,	
A SEE	Balti	TOWN OF DE	EATH	11. NAME OF HO	OSPITAL, NU FACILITY, GIVE S C. Pai	treet address) 11 Stre	or othi			12a. USUAI		ION (TYPE		12b. KIND OF BI OR INDUS	TRY
SECOND SECOND	SUAL RESI 30. STATE Mary		13b. COUNT	OTHER INSTITUTION, Y	13c. CITY	BEFORE ADMISSION OR TOWN		13d. INSIDE (	ITY LIMITS?	13e. STREET	ADDRESS	Paul	Str	eet	
A P S	14. FATHER	ST		WIDDIE		LAST		F	R'S MAIDEN	NAME	MIDDL	.E		LAST	
ALM NO		oseph ECEASED EVE	R IN U.S. ARM	ED FORCES?		anum	NO	17. INFOR/	eleci	a ousin	E116	ADDRESS		Wilson	1
DIVISION	Yes, NO, C	OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)  II  one couse per li	213	-03-96			C		ě		Paul	St. 21	218
SED AS BURBAL'RANDER ALONG SED AS BURBAL'RANDER PERMIT HEALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	PART 2	Conditions, if gave rise to couse (a) stating ying couse los	immediate ng the <u>under</u> - t.	(b) DUE TO, C		ISEQUENCE C		OR CONDITIO	n GIVEN IN PART	T 1 (a).					
	190. C	ATE OF OPER	RATION	19b. CON	DITION FOR	WHICH OPER	ATION W	AS PERFOR	MED?				-	20. AUTOPSY	1?
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21201 PRIOR TO	21d. II	NJURY OCCU		21e. PLAC	E OF INJURY ACTORY, FARM, E	(AT HOME,		CATION		c	ITY OR TOWN		COL	YTM	S
AFTER DEATH, WITH THE STATE IS BALTIMORE, MARYLAND, 21201 P	dea ACTU SIGN	20. I certify that the resulted fra JAL LATURE	Moture	al the remains of the courses X, ginia L.	Accident	, Sui	Autops	Hamic	Control of	Undetern	Inquiry initial monner in a contract monner in a co	er 🔲,	DATE SIGNE	<sub>D</sub> 1/2	25/
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TEMAT & MOREN CO., 188 H. MOTENAVO. 21201

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST 1 DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 9:58 Frederick Grandon Jan. 29, 1979 TRAUT 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE 5. DATE OF BIRTH Raucasian Male May 12, 1896 9 BALTIMORE CITY OR COUNTY OF DEATH 10 BIRTHPLACE STATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Md. Balto. City USA WIDOWED . 40 CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17h KIND OF BUSINESS OR Balto.City Public Health ELECTRICIAN ELECTRICAL WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION TOSPILAL 5909 Fairwood Ave. 136 COUNTY Balto. 134 INSIDE CITY LIMITS? Md. NOF 14 EATHER'S NAME 15. MOTHER'S MAIDEN NAME Wittgrafe Louisa Conrad Traut 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT USA 14-19 Records- US PHS Hospital 217-20-7486 Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic-PART I. DEATH WAS CAUSED BY Heart failure Terminal IMMEDIATE CAUSE (a) DIVISION OF VITAL RECORDS, 201 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF Metabolic acidosis Unknown Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF 5 days underlying couse lost. Renal failure PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 bleeding ulcers; CERTIFICATION Jaundice : 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 1/24/79 Bleeding ulcers NOIX YES [ 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) m 18 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER NOTIFY MEDICAL EXAMINER) P.M ō 71a. PLACE OF INJURY 21E LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE WHILE AT WORK 270.1 certify that (V(this hospital) attended the deceased from Jan. 16 and that in (ply) (our) opinion death occurred on the date and hour and from the causes stated view the body after death DEGREE 22c DATE SIGNED 29/79 ATTENDING TO FUNERAL Ishould be deto . 10 PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OF PRINT) US PHS Hospital MPORT Kennth L. Jones. Wyman Pk. Drive 23d LOCATION 23a BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) SURIAL ALTIMORE ALTO. 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4)) 752

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-01459

DECEASE NAME   RATE   MODE   LOS	1 - 3	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	TENE 79 -	014	29	
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OR CONTRIBUTING _ CAUSE OF DEATH	W 2	accident was underlying				21c HOW INJURY OCCURE				
220. I certify that (+ (this hospital) attended the deceased from 17 1979 , to 1979 , that (+ (we) last sow the deceased olive on 1979 , and that in (2004) (our) apinion death occurred on the date and hour and from the couses stated above, ++ (we) (did) (did not view the body after death.  220. Signature    DEGRE			ZEMIN							
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14. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE			AL 23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE
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DONALD V. BORGWARDT PORT REPUBLIC. MD. JAN 22 19/9 Tropy Declared		MANIE	CILLA DIDO	DADDRESS DI	י דמווסיי			756. REG19		Crowy

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	NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 7 HOURS PRESTON STREET.		RTHPLACE (S REIGN COUNTRY) 11110		76. CITIZEN OF WE		ITRY?	8. MARR	ED   NE	VER MAR	RIEDXX	9. BALTIMOR	_			ATH	
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	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, V BALTIMORE, MA	ya.	EXAMINER'S (TYPE OR PRII	NAME Ann M	Dixon, I	M.D.			ADDRESS_	111	Penr	n Stree	t, Ba	lto.	MD	21	201
				TION, REMOVAL 2		23c. N	NAME OF CEM			ORY	23d. LC	OCATION OR TOWN		COUN	(TY	STA	E
	BP					Fire a	ly Cro	055	ceme	We DATE	REG'D. BY	rookpa	rk //	RARIES	hio GNATU	Base	-
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DHMH - 16 25M (VR A 15 (4) ) 9/74 FOR

I. DECEASED NAME (TYPE OR PRINT)

REGISTRAR

FEMALE

10 CITY OR TOWN OF DEATH

BALTIMORE

PETER

Canditions, if any, which gove rise to immediate couse (o), stating the

underlying couse

190. DATE OF OPERATION

71a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

1-23-7

Burial

136 COUNTY

A.A.

TO BIRTHPLACE ISTATE OR FOREIGN

- STATE

COUNTRY)

13a STATE

CERTIFICATION

4 FATHER'S NAME

(YES, NO OR UNKNOWN)

NO

3. SEX

STATE OF MARYLAND 79-01461 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a. DATE OF DEATH LAST MONTH 2b. HOUR TRITZ BARBARA 30-01. 6:10 h M IF UNDER 24 HRS 4 RACE IF UNDER I YEAR 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH WHITE 02. 03 - 06 **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED CITY BALTIMORE 11.5 DIVORCED [ 1). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTO. GENL. HOSP. SOUTH HOUSE WIFE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1134 INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN H AMMONDS FERRY Linthicum NO IX 15. MOTHER'S MAIDEN NAME MIDDLE HALPSLER ANNA KRAMP ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Mr. Nicholas Tritz SAME APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY CAR 310 RESPIRATORY MAREST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF HEMIPLEGIA Right DUE TO, OR AS A CONSEQUENCE OF BARRIE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ASCVO CHF. MELLITUS DIABETES 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ FOO T YES 🗍 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) and that in (pv) (our) opinion death occurred on the date and have and from the couses stated 22c. DATE SIGNED DEGREE

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT WORK NOT WHILE 27a I certify that M (this hospital) attended the deceased from

sow the deceosed olive on above (1) (we) (did) (did not) view the body ofter death 22h SIGNATURE MEDICAL **ATTENDING** PHYSICIAN DIRECTOR PHYSICIAN

Holy Cross Cem.

77d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS S. BALTO GENZ TH AUNG MEHM 23a BURIAL CREMATION, REMOVAL 23b. DATE

BACTO MD 21236 S. H ANOVER ST. 23c. NAME OF CEMETERY OR CREMATORY COUNTY

2-3-79 24 FUNERAL DIRECTOR 4001 Ritchie Highway George J. Gonce

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SQUALUE

Maryland

SECONDANA NOVE

SACTIONS SACTIONS

A CONTRACTOR OF THE PROPERTY O

AM OLAC 1-3-82 - 79 GA WIT T MWSM

FOR - STATE

(VRA 15 (4))

March F/H

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

IF UNDER 24 HRS

STATE

STATE

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	ACCOUNT TO BE A SERVICE OF THE ACCOUNT OF THE ACCOU	Addison to the
Bought old high	ar a garage de la continue de la con	MI.
		Section Section
108 dkdm CDC validh		
		Total of the
	latin kanasay ing militar di Paraganasay di pandang di Sas	

Joseph L. Russ-2222-26 W. North Ave

STATE OF MARYLAND

79-01463					
27 17 17					
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la de la companya de		19 Biddennell	Linia	named des	
203 .va Phayell 202		Balblage	-	Nemativis:	
	1018 173	d telephone		804117	
A trays. Fort-Table					
			Vence in		
			Table 1		

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Henry Sander & Sons, Inc.

(VR A 15 (4))

STATE OF MARYLAND

Md.

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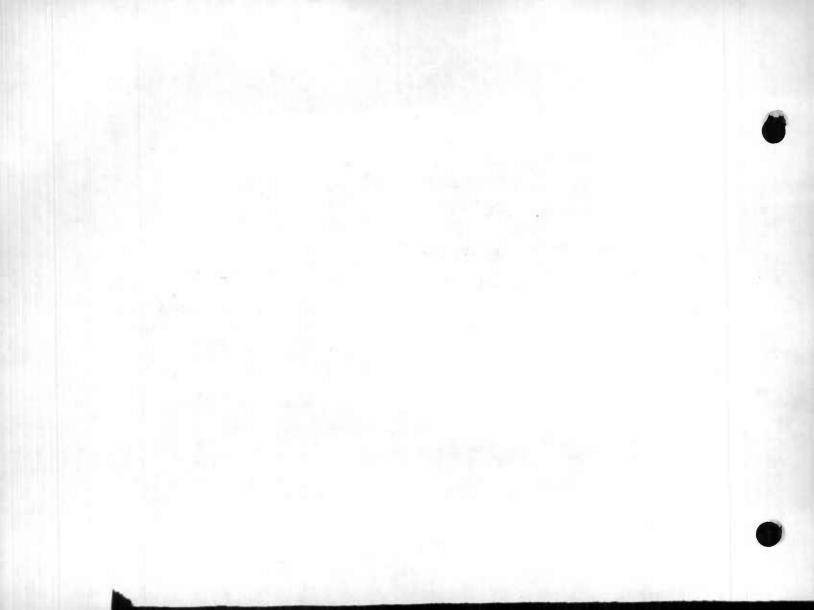
Burry street & Tons, Inc., outs. Jan. 1962 and the grant

NAME: John J. Turek

DATE OF DEATH: January 22, 1979

PLACE OF DEATH: Baltimore City SEE: 79-04158

February, 1979
Baltimore City



Wm. C. March F/H 1101 East North Ave

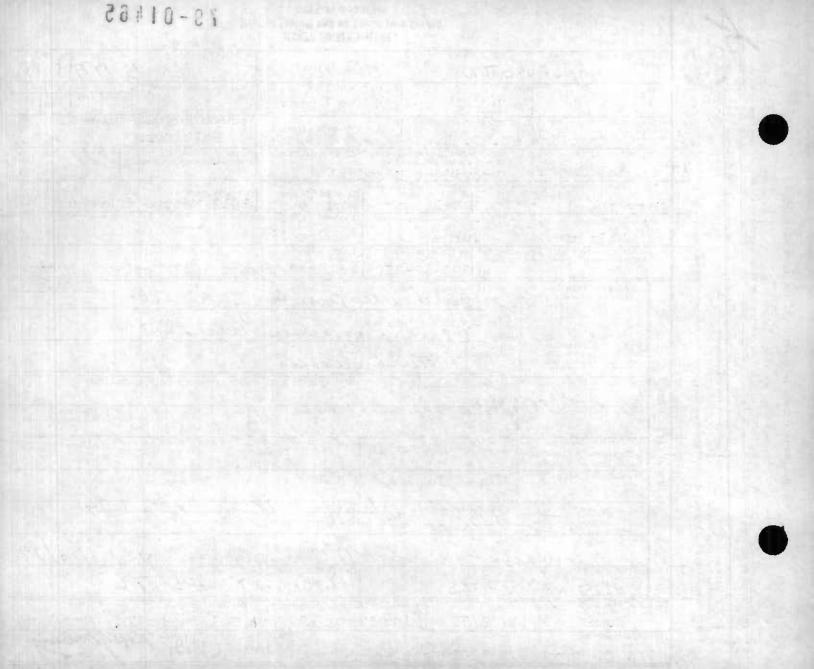
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

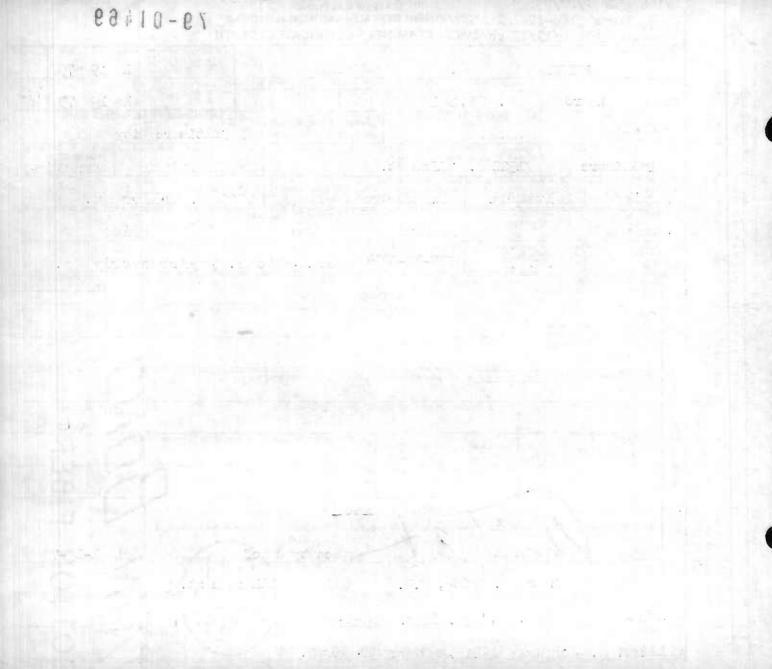
(VRA 15(4))

79-01465



1-	FOR STATE REGISTRAR		ME	DICAL	MENT OF F				HYGIEN OF DE	1. y - U	1466 5. NO.	)	
	CEASED NAME	FIRST		MIDDLE			LAST			20. DATE KNOW!	HIMOW XX	DAY YEAR	26 HOUR
, , ,		Freder	rick	D.		T	ırner			OF ESTI-	1	/27 19 79	
3. SE	x nale	black	S. DATE OF BIRTH	YEAR 25	6. AGE (IN YEA LAST BIRTHDA 53 YR	Y) MONTH	DER 1 YR.	IF UNDE HOURS	R 24 HRS. MIN	2c. DATE PRONOUNCED DEAD	монтн 1	/ 27 <sub>19</sub> 79	24 HOUR 9:29 a. M
	IRTHPLACE (ST	ATE OR	76. CITIZEN OF W	HAT COUN		1	ED X NE	VER MAR	RIED 🔲	9. BALTIMORE CI		TY OF DEATH	Tas M
	Maryla		U.S.	A.		WIDOW	ED 🗆	DIVOR	CED 🗆	Balti	more C	ity	MD
I	altimor	e City	11. NAME OF HO	ne/241	O Laur	etta	A <sub>v</sub> en		12a. US FOR	UAL OCCUPATION MOST OF WORKING LIFE	(TYPE OF WORK	OR INDUSTR	ISINESS RY
13a S	AL RESIDENCE (STATE Maryla	IF IN NURSING HOME OF		13c. CITY	BEFORE ADMISSION OR TOWN		13d. INSIDE (		13e STR	REET ADDRESS 2410 Lau	retta	Avenue	
	ATHER'S NAME			1.114			15. MOTH	ER'S MAIE	DEN NAME	F			
	FIRST	erick	MIDDLE H.	Turi	ner			FIRST Ella		MIDDLE	Mas	LAST	
16a. '	WAS DECEASED	EVER IN U.S. ARM	NED FORCES?		CIAL SECURITY	NO.	17. INFOR	MANT		ADD		OII	
- (	Yes, NO. OR UNKNO	WN) (IF YES, GIVE W	VAR OR DATES)				neh	orno	Пал	ner 430	2 7	J-7- 3	
		F DEATH (Enter only	v ane cause per lin	e for (a) (h	) and (c) )		USD	OTHE		TIEL 430	3_Ayr	APPROXIMATE	INTERVAL
	PART I DE	ATH WAS CAUSED	BY:	Brone	chopneu	moni	8.					BETWEEN ONSET	T AND DEATH
	482	IMMEDIATI	E CAUSE (a)	R AS A CON	SEQUENCE C	F							
	Candition	s, if any, which	1										
		e to immediate stating the under-	(b)	100 4 24 2	ISSOLIEN IOS O	-					-	-	-
	lying cau		DOE 10, O	AS A COP	ISEQUENCE O	1							
	BART 2 OTHER CI	INIFICANT CONDITIONS C	ONTRIBUTING TO OFFI	BUT NOT BE									
z	TAKE 2 OTHER SIL	MILICANI CONDITIONS	ONIKIBUTING TO UEAT	BUI NOT KELA	CIEU IU INE IEKMI	NAL UISEASE	OK CONDITIO	N GIVEN IN I	ART I (a).				
CERTIFICATION	19a. DATE OF	OPERATION	TIER COND	TION FOR	WHICH OPERA	TION W	AS PERFOR	MED?				20. AUTOPSY?	2
5	I'M. DAIL OI	O' EKATION	178. COND	INOITION	WINCHOFERA	1101111	AS FERT OF	WILD:					
RT	2)a EYTEDNA	L CAUSE WAS	21b. TIME C	E INTUINV		Tan. uc	NACINI III III	1000UD	SD SAME	NATURE OF INJURY IN ITE		YES XX	NO []
CALCE	UNDERLYING CONTRIBUTIN	OR G CAUSE OF D	HOUR A./	A. MONTH	19			OCCURR	ED (ENIEK	NATURE OF INJURY IN THE	M 18 PART I OR P.	ART 2)	
MEDICAL	21d. INJURY O WHILE AT WORK	CCURRED NOT WHILE D		OF INJURY TORY, FARM, E			TREET			CITY OR TOWN	co	YTAUC	STATE
		y that I taak charge			n .	Autop		Inspecti		Inquiry ,	and in my a	pinian	
	death resulte	d fram: Natura	al causes 🔼,	Accident	L, Suid	cide	, Hami		Under	termined manner			
	ACTUAL	11	y	Dala	010		ASS:	specify) istan	t	.0.	DATE	1/27/	79
	SIGNATURE_	Junga	, la or	Jua	20	M	.D		MED	DICAL EXAMINER	SIGN	ED	
	EXAMINER'S I	NAME Virgi	inia L. l				ADDRESS_			Street,	Balto.	, MD 2120	01
23a.E	URIAL, CREMAT		b. DATE		NAME OF CEM	ETERY O	RCREMAT	ORY	23d. LC	OCATION Y OR TOWN	COL	JNTY ST	TATE
1	Bur		/3/1979	Ki	ng Mer	nori	al P	ark	Bal	ltimore	Co	Marylan	d
	UNERAL DIREC	March F	ADDRES	5				25a. DATE	REC'D. B		REGISTRAR'S	SIGNATURE	4

1						E OF MARYLAN				
b	,/		FOR STATE		PARTMENT OF H			700	11.60	
7	//		REGISTRAR	MEDI	CAL EXAMINE	R'S CERTIFIC	CATE OF DEA	ATHI Y REUN	6400	
,	4		EASED NAME FIRST	N	NIDDLE	LAST		20. DATE KNOWN	MONTH DAY Y	EAR 26. HOUR
-	2 8 2 E E		ORPRINT) William	n m	anul	Tun	u so	OF ESTI-		м
	PLEASE RECTOR FILES HOURS STREET	3. SEX	M 4. RACE	5 DATE OF BIRTH	YEAR 6. AGE (IN YEAR		IF UNDER 24 HRS.	PRONOUNCED	1	7 SP
	O Z O Z			12-3-1	6 YRS			DEAD	19	M
	NECESSARY, P FUNERAL PINE 5 FOR YOU WITHIN 7	/a. BI	RTHPLACE (STATE OR REIGN. COUNTRY)	76. CITIZEN OF WHA	COUNTRY?	MARRIED   NE	VER MARRIED	Y. BALTIMORE CITY	OR COUNTY OF DEAT	7
	S S S S S S S S S S S S S S S S S S S	110	VA.	U.S.	H.	WIDOWED 🕱	DIVORCED	COUNT	+ City	MD.
	SHR 85	10. CI	Y OR TOWN OF DEATH		AL, NURSING HOME, TY, GIVE STREET ADDRESS)	OR OTHER INSTITU	ITION 120. USE	UAL OCCUPATION (TV) MOST OF WORKING LIFE	PE OF WORK 12b. KIND O	F BUSINESS DUSTRY
	DELAY N PACI N PACI DS, 30	01	contin lou	4, Mar	ul 219	BOLIVAR	e Ave 7	etul		
	ANY E STAIN		L RESIDENCE WIN NURSING HOME ( ATE 136, CQUA		SCITY OR TOWN		TITY LIMITS 13e STR	REET ADDRESS		
	F AND SHOULE	2	nd A	4	Buroklan	YES A	NO 1 2	19 00/	1000 t	tye
	D. 2 H. III 3. 2 S 2 S 2 S	14. FA	THER'S NAME	MIDDLE	LAST	15. MOTH	ER'S MAIDEN NAME	MIDDLE	LAST	
	DEATH.		JACK	TURNI	= R		Phoebe		BANKS	
	ORE DANGE	16a. W	AS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECURITY	NO. 17. INFOR		ADDRESS		
	ST., BALTIMORE, HOURS AFTER DE M 18. GIVE PAGE: NG. WITH FORM NE, DIVISION OF	A. (AE	S, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	216-17-17	83 Um.	THENER	JR. 151	13 Aprile	Aue.
	RS GF WITH PAC		18. CAUSE OF DEATH (Enter or	lu and annua and line fo	4.00,000	00 100777	10214214	0.1.	1 APPROX	MATE INTERVAL
	STON ST., I N 24 HOU N ITEM 18. ALONG V T PERMIT. YGIENE, D		PART I DEATH WAS CAUSE	D BY:	r (a), (b), and (c).)	· h			BFTWEEN	ONSET AND DEATH
	ON ST TEM LONG PERM SIENE		IMMEDIA	TE CAUSE (a)	1 to reac	1 / will	1000	~	/5/	nun
	PRESTON VITHIN 24 CIL IN ITE/ NER ALOF ANSIT PER AOVAL.	13	Conditions, if ony, which	DUE TO, OR AS	A CONSEQUENCE O					
	W, PRESTO D WITHIN ENCIL IN FAMINER A FENTAL HYC REMOVAL		gave rise to immediate							
	101 W. PRESTON ST.  UTED WITHIN 24 HO  UTED WITHIN 24 HO  EXAMINER ALONG  RAL-TRANSIT PERMIT  AMENTAL HYGIENE,  OR REMOVAL.		couse (a) stating the <u>under</u> lying cause lost.	DUE TO, OR AS	A CONSEQUENCE OF					
	301 W.			(c)						
	EXEC LGAL ICAL A BUR TON,		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITIO	N GIVEN IN PART 1 (a).			
	TAL RECORDS, 30 HOULD BE EXECUT RO "PENDING" IN CHIEF MEDICAL EN USED AS A BURIA OF HEALTH AND A AL, CREMATION, OI	Z	alec	ceal	guagasia.					
	REA HEA	F	19a. DATE OF OPERATION	196. CONDITIO	N FOR WHICH OPERA	TION WAS PERFOR	RMED?		20. AUTO	PSY?
	SHOULD DRD "PET CHIEF A E USED TO FEE ISED IAL, CREATER	FI	-	and the same of					YES	O NO E
	F VITAL TE SHO WORD TE CHI O BE US ENT OF LURIAL	E	210 EXTERNAL CAUSE WAS	21b. TIME OF IN	JURY	21c. HOW INJURY	OCCURRED IENTER	NATURE OF INJURY IN ITEM 10		110
	S CERTIFICATE SHOUL STRING THE WORD " RDED TO THE CHIE RE 3 SHOULD BE USE E DEPARTMENT OF I I PRIOR TO BURRAL, C	MEDICAL CERTIFICATION	UNDERLYING OR	HOUR A.M.						
	CERTIFIC TING TH DED TO 3 SHOU DEPART	SC.	CONTRIBUTING CAUSE OF		INJURY (AT HOME.	21f. LOCATION				
	DIVISIGNESS CERTING RETING TREE OF A SHORE TO THE DEPARTMENT OF TH	WE	WHILE NOT WHILE	STREET, FACTOR		STREET -		CITY OR TOWN	COUNTY	STATE
	ZO A A G W HI		AT WORK AT WORK							
	VER: CATE, FOR: POR: PHE SI		22a. I certify that I took chor	ge of the remoins descri	bed obove, held on	Autopsy .	Inspection .	Inquiry 2, or	nd in my opinion	
	NO TOTAL		death resulted from: Notu	rol couses . A	ccident , Suic	ide . Homi	cide . Undet	termined monner .		
	ERTI ERTI IREC VITH RYLV	1	0 0	1 -	. 11	TITLE (S	SPECIFY)		1/2	. /
	MA WA		ACTUAL SIGNATURE CALL	X Cuu	unusi	MD Da	211	DICAL EXAMINER	DATE // Le	179
	SH S		3	. / -	/ /		7	2 2	500	,
	MEDI CUTE FUNE PUNE	1000	EXAMINER'S NAME DAY	11e/ C	WILKEN	SO MADDRESS_	15637	1 manga	rets 14	
	TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PATER DEATH, WITH THE ST BATTMORE, MARYLAND, 21)	23a. B	JRIAL, CREMATION, REMOVAL	23b DATE 1	23c. NAME OF CEM		ORY 236. LC	OCATION G N N	(ajigis)	STATE
		7:	Burial	1/25/79	1 HJ A	abush 1	Cem.	DALTO.	Md	STATE
	BP	24.,F	INERAL DIRECTOR		111111	CLD CATAL	250. DATE REC'D. B	Y REGISTRAR 256. POG	ISTRAR'S SIGNATURE	
	DHMH - 17 (VR A15 ME (5))	11/2	NAME RILL	IN ADDRESS	Calle	St.	JAN 23	1979 tiny	try trelin	4
	30M 7/73	15	rnon Dailey F	14. 1248	Camour	( 21		1010		7



DHMH - 17 (VR A15 ME (5)) 30M 7/73

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-01470

1	FOR - STATE					AND MENTAL		79-01	47	0	
1	REGISTRAR DECEASED NAME	FIRST		AIDDLE	IEK.2 C	ERTIFICATE (		REG. NO			
	TYPE OR PRINT)	E PIKSI		NODE		2001	2	OF ESTI-	MONTH	DAY YEAR	26 HOUR
L		Peter		ances		ynski		DEATH MATED	7	24 19 79	- /**
3. S	EX	4 RACE 5. D	ONTH DAY	YEAR LAST BIRTHD		DER 1 YR. IF UNDE		C. DATE PRONOUNCED	MONTH	DAY YEAR	12:5
	Male	White	Unkn.	70 Y	· Indian	DATS HOURS	MIN.	DEAD	1	25 19 75	
	BIRTHPLACE (5)	TATE OR 7b.	CITIZEN OF WHA		9	ED   NEVER MARE	PIED [	BALTIMORE CITY O	R COUNT	Y OF DEATH	
1	Md.		W.S.	A.	WIDOW		CED 🛣	Baltimo:	re Ci	tv.	MD.
10	CITY OR TOWN			TAL, NURSING HOM			12a. USU	AL OCCUPATION (TYPE	OF WORK	126. KIND OF E	BUSINESS
	Balti			ulberry St			Lah	OST OF WORKING LIFE)		Unkn.	SIRY
	STATE Md.	(IF IN NURSING HOME OR OTH		Balto.	ION)	13d INSIDE CITY LIMITS? YES NO	13e STRE	et ADDRESS 3 W. Mulbe	rry	St.	
14.	FATHER'S NAME FIRST Unkn.		DDLE	LAST		15. MOTHER'S MAID FIRST Unkr		MIDDLE		LAST	
160	. WAS DECEASED	DEVER IN U.S. ARMED		166. SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDRESS			
		(IF YES, GIVE WAR O	OR DATES)	Unkn.							
F	Yes	WWII								T ADDROVINA	ATE INTERVAL
	PARTIDE	F DEATH (Enter only on ATH WAS CAUSED BY:	e cause per line ta	r (a), (b), ond (c).)	lorot	ic Cardion	70.0011	ar Disease		BETWEEN ON	SET AND DEATH
	11/2	IMMEDIATE CA	AUSE (a)			ic daragov	ascul	ar bracase			
	142	72	DUE TO, OR AS	A CONSEQUENCE	OF					100 M	
		is, if ony, which	(b)								
		se to immediate stating the <u>under</u>	10/	A CONSEQUENCE	OF						
	lying cau			710011020021102	01						
	BART 2 OTHER CH	CHIEFCE DY CONOUTIONS CONTO	(c)								
NO		GNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL OISEASI	OR CONDITION GIVEN IN P	'ART 1 to .				
CERTIFICATION	190. DATE OF	OPERATION	19b. CONDITIO	N FOR WHICH OPER	RATION W	AS PERFORMED?				20 AUTOPS	Y?
1										YES 🗆	NO 🛣
a L	21a EXTERNA	L CAUSE WAS	216. TIME OF IN		21c. HC	W INJURY OCCURR	ED ENTERNA	ATURE OF INJURY IN ITEM 18 P	ART 1 OR PAI		110 86
				NONTH DAY YEAR	R						
MEDICAL	21d. INJURY C	NG CAUSE OF DEAT		INJURY (ATHOME.	216 100	CATION					
ME	WHILE AT WORK	NOT WHILE AT WORK	STREET, FACTOR			TREET		CITY OR TOWN	cou	UNTY	STATE
	22a I certif	fy that I taok charge of	the remains describ	hed abaye held an	Autop	y , inspection	an X	Inquiry , and	d in my ap	inian	
	death resulte				icide	Hamicide		rmined monner	, iii iiiy up	iiiidii	
Н	death results	ea tram: Natural ca	iuses [22], A	ccident [, Su	HCIDE L		Undeter	rmined monner,			
	ACTUAL	1/4.	10.0.	200		TITLE (SPECIFY)	. 40		DATE	1/2	5/79
	SIGNATURE	vagina 2	a vocan	18)	M	D Assistar	MEDIC	CAL EXAMINER	SIGNE	D	3/19
	EXAMINER'S	NAME									
	(TYPE OR PRIN	Virgin		lan, M.D.		ADDRESS		111 Penn	Stre	eet	
230	BURIAL CREMA	TION, REMOVAL 236. D	ATE THURE	23c. NAME OF CE	METERY O	RCREMATORY	23d. LOC	CATION	COUN	NTV	STATE
	Removal	_ 2/	1/79				Citto	RIOWN			SIMIC
24.	FUNERAL DIREC	TOR				250. DATE	REE'D BY	REGISTRAR 256. REGIS	TRAR'S S	IGNATURE	Apolis
A	natomy E	Board	Balto.,	Md.			rcb 1	13/13		/	/
1	-4		/								

## 3 SEX IN BIRTHPLACE (STATE OF FOREIGN COUNTRY Maryland O. CITY OR TOWN OF DEATH MARYLAND 2120 30 STATE 4 FATHER'S NAME PRESTON ST., BALTIMORE, (YES, NO OR UNKNOWN) pope 201 plea ö 0 DIVISION OF VITAL RECORDS, CERTIFICATION 0 à be Mental Hygi 8 Ö MEDI # FUNERAL I MPORTANT: 224. PHYSICIAN'S NAME (TYPE OR PRINT)

DHMH - 16 50M 7/77 (VR A 15 (4))

FOR

REGISTRAR

Male

Baltimore

Thomas J

Conditions, if ony, which gove rise to immediate couse (o), stoting the

underlying couse

190 DATE OF OPERATION

21d INJURY OCCURRED

WHILE

AT WORK

22b. SIGNATURE

210 ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

AT WORK

PART I. DEATH WAS CAUSED BY

13b. COUNTY

MIDDLE

Tyson

DECEASED NAME

- STATE

(TYPE OR PRINT)

Md

no

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH LAST 20 DATE OF DEATH MONTH 26 HOUR Morman Phillips Tyson January 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS White 1.903 Aug. 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED Baltimore City WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 1630 Sexton Street Bellman Hote] USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1630 Sexton Street Bal Limore 15 MOTHER'S MAIDEN NAME LAST MIDDLE LAST Virginia Phillips 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT I (IF YES, GIVE WAR OR DATES) Louise Tyson 1630 Sexton Street 220 09 6473 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE AS A CONSEQUENCE OF RRHYTHMIA DUE TO, OR AS A CONSEQUENCE OF HEART CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Insu 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE MINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [] 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE 220 I certify that (I) (this hospital) attended the deceased from sow the deceased alive on JAN and that in (my) (our) apinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did not) view the body after death. DEGREE 22r DATE SIGNED STAFF ATTENDING MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN 22e ADDRESS BALTIMORG ATON

COUNTY

STATE

Marvland

23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN (SPECIFY) Burial St. Marv's Cemeterv Baltimore 250. DATE REC'D. BY REGISTRAR 256 CGISTRAR'S SIGNATURE Burgee Funeral Home 3631 Road

79-01471				
James S. 1979 A. A.		gen()8(.	i Ling (12, 10	
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4107 Wilkens Ave.

Hubbard Funeral Home, Inc

STATE OF MARYLAND

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STATE OF MARYLAND

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	(VR A 15 (4))		1	Wm. C. March			th Ave	MIN TO 1313	/		1

Duda-Ruck, Inc., Baltimore, Maryland

STATE OF MARYLAND

FOR

Feggins Funeral Ser./302 E. Juniper Ave./Wake For

FOR

- STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE OF MARYLAND

7 9 - 0 1 4 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hault the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The

BP. DHMH - 16 25M

(VR A 15 (4) ) 9/74

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-01480

	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGIE ICATE OF DEATH	NE 7, 9		480		
		CEASED NAME FIRST	IEYE T	OSE	V	ARDER		Ø1		79-3 10Am	
	3. SEX		4 RACE		S. DATE C	AL DIRECTOR	AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DA		
		Female	Whit		9	25 1906	7:	TRU.	V 05 05 4 V		
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5	USUA 130, S Ma		ME OR OTHER INSTITUTION OUNTY altimore	GIVE RESIDENCE BEFORE 136 CITY OR TOWN Dundalk	ADMISSION) N	YES NO X	34. STREET ADDRESS 1926 Star	nhope	Rd.		
3	14 FA	THER'S NAME FIRST Earl	WIDOLE	McConr	nell	15. MOTHER'S MAIDEN NAME FIRST Rose	WIDDLE			Brill	
5		VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT		ss 192		hope Rd.	
1	,,	No	,	218-22-0	0096	Mr. Robert A.	. Warder,	Balt	o. Md.	21222 ROXIMATE INTERVAL EN ONSET AND DEATH	
2	CERTIFICATION		(a), stating the lying couse lost.  OTHER SIGNIFICANT CONDITIONS CO		DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	20b. IF YE	ES, WERE FIN	T 1(a)  UDINGS USED SES OF DEATH?	
da	TIF	1. H. CONDAIN						YES NO			
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18.	, PART 1 OR PART	2)	
	MED	214 INJURY OCCURRED  WHILE NOT WHILE T	LAT HOME S	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	ΨN	COUNTY	STATE	
		220. I certify that ## (this hospital) attended the deceased from 1/4 19 79 to 1/14 19 79 that ## (we) lost saw the deceased alive an 1/14 19 79 and that in (**) (our) opinion death accurred on the date and hour and from the causes stated above, (we) (did) the object of the date and hour and from the causes stated above, (b) (we) (did) the object of the date and hour and from the causes stated above, (b) (we) (did) the object of the date and hour and from the causes stated above, (b) (we) (did) the object of the date and hour and from the causes stated above, (b) (we) (did) the object of the date and hour and from the causes stated above, (b) (we) (did) the object of the date and hour and from the causes stated above, (b) (we) (did) the object of the date and hour and from the causes stated above, (b) (we) (did) the object of the date and hour and from the causes stated above, (b) (we) (did) the object of the date and hour and from the causes stated above, (b) (we) (did) the object of the date and hour and from the causes stated above, (b) (we) (did) the object of the date and hour and from the causes stated above, (b) (we) (did) the object of the date and hour and from the causes stated above, (b) (we) (did) the object of the date and hour and from the causes stated above, (b) (did) the object of the date and hour and and									
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## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1451 20. DATE OF DEATH MONTH 7b HOUR I. DECEASED NAME (TYPE OR PRINT) arren IF UNDER 24 HRS DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX MONTH DAY YEAR DAYS HOURS 0 27 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY DIVORCED WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Shu YES P NO IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE ADDRESS 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO IVES NO OR LINKNOWN! (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? NO FL NOF YES 210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 21f. LOCATION 21d. INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 220 I certify that (I) (this haspital) attended the deceased from, 79 and that in (my) four) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. above, (1) (me) (did) (did not view the body after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN be St 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS ld b MPORT 230. BURIAL, CREMATION, REMOVAL 236. DATE 2. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE CITY OR TOWN COUNTY Nemova 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 25M (VR A 15 (4) ) 9/74 Balto., Md. Anatomy Board

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEASED-NAME 20. DATE OF DEATH Middle 2b. HOUR (Type or print) IF LINDER YEAR 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years DAYS MONTHS HOURS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign MARRIED T NEVER MARRIED country) U.S.A. WIDOWED TO DIVORCED be fill 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) Swish Canvalsoen during most of working life, even if cetired during most of working life, even if cetired wo ID. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY BALTIMORE, MARYLAND 21201 should 13c. CITY OR TOWN 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY Md. Balto. YES NO 2811 Norfolk Ave. oug 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle First Lost Millie Martin Watkins 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Rd. (Yes, no. or unknown) -(If yes give wor or dates of service) 216-09-5321 Mrs. Odell Payne 5901 Old Frederick APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: PRESTON STREET, IMMEDIATE CAUSE (o) Conditions, if ony, which gove ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse pleose PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LO DIVISION OF VITAL RECORDS, 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? YES [ 21a. ACCIDENT WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) UNDERLYING | 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, natity medical examiner) P.M 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from 1979, and that in (my) (our) apinian death occurred an the date and haur and from the causes stated abaye, (1) (we) (glip) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 6/01 retoined 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b DATE (County) (Stote) REMOVAL (Specify) Md. National ( 2 Carver Laurel 25b. RECEPTRATES SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** DATUAN 16 DHMH - 16 3/72 25M Samuel T. Redd 5209 York Rd. (VR A15 (4))

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH DECEASED NAME MONTH 2b HOUR iewis LOUIS 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS 0 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE THE CITIZEN OF WHAT COUNTRY? ISTATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR NOT IN SUCH FACILITY GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
113b. COUNTY
113c. CITY OR TOWN 13e. STREET ADDRESS 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 317 NO [ 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WATKINS, JR. 1317 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY Conditions, "if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Its RECORDS, **IFICATION** 190 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED à IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY DIVISION OF VIT 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. NOT WHILE WHILE AT WORK 220 I certify that (1) (this hasoital) attended the deceased from that (I) (we) lost sow the deceased alive on. and that in (my) tour) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) ided not view the body after death. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL \* FUNERAL old be deto DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR MEINT) 22e. ADDRESS MPORT 23d. LOCATION 230 BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE COUNTY 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4))

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	of, po	3. SE	Tale	Neamid	5. DATE OF BIRTH  MONTH DAY  YEAR  MAY 21, 1921	6. AGE (IN YEARS LAST BIRTHDAY)  YRS.	HUNDER I YEAR HUNDER 24 HRS
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ORE, I	xecut nd co ges 1	16a V	(AS DECEASED EVER IN U.S. AR ES, NO ORUNKNOWN) (IF YES, GIM	E WAR OR DATES)	1 1 1.0	ADDRESS V	101 01
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DIVISION OF VITAL RECORDS.	no.  no.  permit.  permit.  permit.	IFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)
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ā	DING or o or o or o or o or o or o or o			ital strended the deceased from	1/18 1979		19_79_, that (1) (we) ast
	A ATTEND haspital o haspital o la kecTOR: A led for use pt. of Head em 21 is m		sow the deceased alive on	1/3/ 19	79, and that in (my) (our) opinion	death accurred on the date and hou	
			22h SIGNATURE	ot) view the body ofter death.	DEGREE		22c. DATE SIGNED
	the te Die te Di		Daniel P.	Coulin un	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/31/79
	TO HOSPITAL TO FUNERAL should be det with the State		Danie P.	Coulin, m	D = 220 ADDRESS 20	Baltimare	Whay zizis.
.1	Top of Share	23a.	WRIAL, CREMATION, REMOVAL	23b. DATE 23c h	AME OF CEMETERY OR CREMATORY	23d. LOCATION	
2/3	9BP	(	Kemova /	2-3-79 No.	rth Eastern Cemet	en Kocky M	F-NGC TATE
Dł	HMH - 16 50M 7/77	24. F	JNERAL DIRECTOR	ADORESS	25a DAT	E REC D. BY REGISTRAR 25h. RES	PAR'S SIGNATURE OF
	(VR A 15 (4))	1	Win B. Scr	ruggssr, 17	12 Et resters	7- 13/3	1

19-01489 on the section to the section of the medical examiner must be notified at ance.

injury, or other traumatic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

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1	FOR	DEPARTMENT O
	FOR STATE REGISTRAR	CER

## ATE OF MARYLAND F HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-01490

		REOISTRAR					REG. N	D.				
П		CEASED NAME FIRST		WIDDLE	ı	LAST	2a DATE OF DEATH	HINOM	DAY	YEAR	26. HOUR	
1	(11PE	Mati	lda F	lorenc	e W	latts	1		7	79	10:30AM	
	3. SE)	X	4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIR	HDAY]		ER 1 YEAR	IF UNDER 24 HRS	
		Female	Whi	.te	MONTH 12	25 67	71	YRS.	MONTHS	DAYS	HOURS MIN.	
		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN O	F WHAT COUNT	RY? 8	- C ususa	9. BALTIMORE CITY C	R COUN	TY OF DE	EATH		
F	CC	Marvland	USA		WIDOWE	D NEVER MARRIED L	Baltimor	e Cr	itv		MD.	
	10. CI	ITY OR TOWN OF DEATH			RSING HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION	126		F BUSINESS OR	
9	B	altimore	4517	Raspe			Salesper			DUSTRY VOT	Prod.	
1	USU /	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	R OTHER INSTITUTIONTY	I 13c. CITY OR T		134 INSIDE CITY LIMITS?	13e. STREET ADDRESS					
	Ma	ryland		Balti	more	YES 🔀 NO 🗌	4517 Ras	pe /	Aver	me		
	14 FA	ATHER'S NAME	MIDDLE	LAST	THE	15 MOTHER'S MAIDEN NA	WE			LAS	r.	
9			R.		sey	Frances	L			Es1		
		WAS DECEASED EVER IN U.S. AF	RMED FORCES?			17 INFORMANT	ADDRI	SS				
	{}	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	214-1	2-4110	Mary Lou L	ycliter 1	840	E11	.ise	Lane	
		18 CAUSE OF DEATH (Enter o	nly one couse p	er line for (a), (b)	, and (c).)					APPROX	MATE INTERVAL ONSET AND DEATH	
		PART I. DEATH WAS CAUSE	EÓ BY: .TE CAUSE (0)_	Westers	tatic to	Kraukeun				3 months		
П		1571	4			11 1				/		
		Conditions, if any which ( ) As ALLEGE A WOOR M RULLING								1 resurtes		
		Conditions, if ony, which gave rise to immediate										
	5	cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.										
П		(c)										
Н	z	PART 2. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION G	IVEN IN	PART 1	0)	
4	ATIO	19a DATE OF OPERATION	TIBL CON	DITION FOR WH	IICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	1206 JE Y	ES WER	E FINDI	NGS USED	
2	CERTIFICATION	190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  100. AUTOPSY?  100. AUTOPSY?  100. IF YES.  100. AUTOPSY?  100. AUTOPSY?  100. AUTOPSY?  100. IF YES.  100. AUTOPSY?  100. A							YING CAUSES OF DEATH?			
5	CER	210. ACCIDENT WAS UNDERLYING	110.10	OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	B, PART 1 OF	PART 2)		
7	AL	OR CONTRIBUTING CAUSE OF DE	AIR	P.M.	DAY TEAR							
	MEDICAL	21d. INJURY OCCURRED	21e PLAC	E OF INJURY		21f. LOCATION						
	ME	WHILE NOT WHILE T	(AT HOME,	STREET, FACTORY, OFF	ICE, FARM, ETC.)	STREET	CITY OR TO	VN	COI	UNIY	STATE	
		AT WORK										
		270.1 certify that (1) (this hospital) attended the deceased from 19 77, to 19 19, that (1) (we) lost saw the deceased alive an 19 ond that in (my) (aux) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did not) view the bady after death.										
		226. SIGNATURE		/ -		DEGREE	S. W.L. S. VALLE		2:	2c. DATE	SIGNED	
		Column Aren Attending Medical STA PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN								1_8	-79	
	100	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS						
		ADAM G. S	Swiss,	M.D.		6600 BELAT	R ROAD	79.7			KINGW	
	23a. E	BURIAL, CREMATION, REMOVAL	L 23b. DATE		73c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNT	v	STATE	
	(:	Burial	1/10	0/79	Garden	s of Faith	Overlea	I	Balt		Md	
		UNERAL DIRECTOR	-	, , ,			E REC'D. BY REGISTRAR					
		assahn Funera	a 1 II.am	e 740		ir Road JA	N 111 1979	per	yiray,	Mal	ready	
	110	assaun runera	ar nous	6 140	1 nerg	TI KOSO D	11 - C 141 A					

Belair Road

DHMH - 16 25M (VR A 15 (4) ) 9/74

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cashould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

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	Weight 17 The Control of the Control
	A Martin Malacine of the Committee of th

a	1	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-01	491
4	1-	STATE REGISTRAR	
₩ œ' v'	V DE	CEASED NAME FIRST MIDDLE LAST VAN VALTER WAWRZYNIAK 20 DATE KNOWN OF ESTI- DEATH MATED TO 1	DAY YEAR 76. HOUR . 25 19 79 M
RY, PLEASS DIRECTOR 27 HOUR NYSTREE	SE		H DAY YEAR 126 HOUR LO:13
ECESSA UNERAL FOR WITHIN	76 B	IRTHPLACE (STATE OR FEIGN COUNTRY?   8. MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR COUNTRY?   WIDOWED   DIVORCED   BALTIMORE CITY OR COUNTRY?	INTY OF DEATH
AY IS A THE 301	1	Baltimore  11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT MISUCH FACILITY, GIVE STREET ADDRESS) 2615 Fait Ave.  120 USUAL OCCUPATION (TYPE OF WORKING [I/E)) (IF NOT MISUCH FACILITY, GIVE STREET ADDRESS) (IF NOT MISUCH FACILITY, GIVE STREET ADDRESS)	12b, KIND OF BUSINESS OR INDUSTRY
RETAIN POULD HOULD	13 <b>a</b> S	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. COUNTY  136. COUNTY  136. STREET ADDRESS  136. STREET ADDRESS  14  15  16  17  18  18  18  18  18  18  18  18  18	ve
ORE, MD. 2 R DEATH. III AGES 1, 2, DRM PM 3.	1	ATHER'S NAME MIDDLE WALLAST LAST MATHER'S MAIDEN NAME MIDDLE KLEST FIRST	in suith
AFTER VE PARTER IVE PA	1.0	WAS DECEASED EVER IN U.S. ARMED FORCES? (165 NO. OR UNKNOWN) (1874S. GIVE WAROR DATES)  215-16-700+ Frances Kosinski 8115.1	Uilton Ave
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  Arteriosclerotic cardiovascular disease  ( DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI RITHOGOTH WORLD WORLD WORD TO THE CHIEF MEDICAL EXAMINER ALONG E. 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT E DEPARMENT OF HEALTH AND MENTAL HYGIENE, PRIOR FO BURIAL, CREMATION, OR REMOVAL.		Conditions, if any, which gove rise to immediate couse (a) stating the under-	
EXECUTED NG" IN PERCENTED NG" IN PERCENTED NG IN PERCENTED NG IN NEITHEN NG IN NOR IN		Lying couse lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
L RECORDS, 3 UULD BE EXEC "PENDING" "PENDING" IEF MEDICAL SSED AS A BU CREMATION	TION		
VITAL REC	CERTIFICATION		20. AUTOPSY?  YES NO X
CERTIFICATE SHO CERTIFICATE SHO TIMO THE WORD PED TO THE CH E 3 SHOULD BE UP DEPARTMENT OF PRIOR TO BURAL.	MEDICAL CE	216. EXTERNAL CAUSE WAS  216. TIME OF INJURY  UNDERLYING OR  CONTRIBUTING CAUSE OF DEATH  P.M.  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR  19	PART 2)
SAT A STE	MED	21d. INJURY OCCURRED  WHILE AT WORK  21e. PLACE OF INJURY (AT HOME. STREET CITY OR TOWN  STREET. FACTORY, FARM, ETC.)  STREET CITY OR TOWN	COUNTY STATE
AINER: T FICATE, SE FORV CTOR: P 1 THE ST AND, 213		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined monner ,	opinion
AL EXAMPLE CERT HOULD HOULD TH, WITH, WITH, WITH		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIG	TE NED 1-26-79
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICARE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTMORE, MARYLAND, 217.	2	EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St.	
D Z Z D Z Z D Z Z Z Z Z Z Z Z Z Z Z Z Z	X	Durial 1.30.79 St. Stawislaus Pattimore	OUNTY UST BE
DHMH - 17 (VR A15 ME (5)) 30M 7/73	24.5	NAME RVMONOLL Kaczorowski 2526Fleetst.   1250. Date REC'D. BY REGISTRAR   256. BEGISTRAR	S SIGNATURE

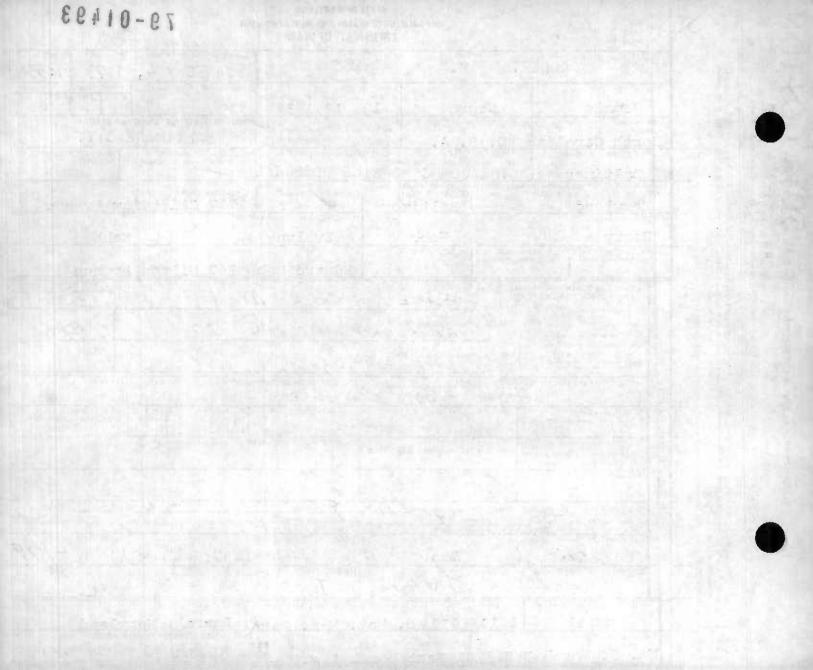
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ge 3	TYPE		TON L				1	+N 27/99	4:35 AM
	3 SE	х	4 RACE		5 DATE (		6 AGE IN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 24 HRS
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deo deo	10.6	Maryland ITY OR TOWN OF DEATH		S. A.	WIDOWE	DR OTHER INSTITUTION	Baltim		MD.
offer offer offer of the days	10 C	Baltimore	I IF NOT IN SU	CH FACILITY, GIVE STE	REET ADDRESS)		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		OF BUSINESS OR
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RYLA within within 12 sh	14.FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		
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MORE, e execu n and ce Pages I			ARMED FORCES?	166 SOCIAL SE		17 INFORMANT	ADDRE		
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d ST.		IMMEDIA	ATE CAUSE (a)			RESPIRATOR	y Arre	3.	
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ow re	CERTIFICATION	190 DATE OF OPERATION	196 CONE	ITION FOR WHI	CHOPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDI	NGS USED S OF DEATH?
TALR The The licton. The licton. The licton. The licton. The licton.	1 🗒						YES NO	YES 🗌	NO 🗆
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VISION G PHY offending rhe bu	MED	216 INJURY OCCURRED  WHILE NOT WHILE		OF INJURY TREET, FACTORY, OFFI	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
DIVISION OF OTTER 11 After 11 e os the ofth and morked		22a.1 certify that (1) (this has	- 4-1) - 4-1-4-4-4	in		Sol 10 29	- 11	47 10 79	about the foundation
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hosp hosp the febra feept of them 2		abave, (1) (we) (did) (did n	nat) view the body	y ofter deoth.		DEGREE		22c. DA/E	SIGNED
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of of ship was		BURIAL, CREMATION, REMOVA		2:	RE NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
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DHMH - 16 60M 1/75	24 F	UNERAL DIRECTOR		ADDRESS		25a. DA1	E REC'D. BY REGISTRAR	Sh. REGIS AR'S SIGN	URE
(VR A 15 (4))		Wm. C. Marc	b F/H '		et Mo	rth Asso	IAN 2 9 1979	Markovil	

79-01493 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH DECEASED NAME 26 HOUR TYPE OR PRINT) WEBB ROBERTA M. JANUSRY 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY DAYS HOURS. Female 13,1939 Negro 12 70. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED INEVERMARRIED BALTIMORE CITY North Carolina DIVORCED | WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY JOHNS HOPKINS Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b COUNTY 136. INSIDE LITY LIMITS? 13e. STREET ADDRESS pluc 1717 Cliftview Avenue 8 Baltimore Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 20 W. PRESTON-ST., BALTIMORE, MARY MIDDLE LAST MIDDLE FIRST Webb Evelyn Barry Webb ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) HEYES GIVE WAR OR DATES! 60 Edward Webb 847 Milton Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY ANTEXI IMMEDIATE CAUSE to OR AS A CONSEQUENCE OF OKONAK Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 DIVISION OF VITAL RECORDS CERTIFICATION prior 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO T Hygi 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental Hem MEDICAL ( IF FITHER NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION ö CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from DIRECTOR sow the deceased alive on. and that in (my) (au) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did not | view the body after death 22h SIGNATUR DEGREE 22c. DATE SJGNED + ATTENDING MEDICAL STAFF should be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE STATE (SPECIFY) Burial Md. Mem Laurel Maryland Par 250, DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 ADDRESS NAME (VRA 15(4)) C. March F/H 1101 East North Ave

STATE OF MARYLAND



		500		A CONTRACTOR		E UP MAKTLANU	76.		0	
*	1.	FOR STATE REGISTRAR		DEPAR		HEALTH AND MENTAL HY FICATE OF DEATH	GIENE REG. N	19-0	1149	4
×		CEASED NAME FIR	51	WIDDLE		LAST		MONTH DA	Y YEAR	26 HOUR
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	3. SE.		4. RACE			OF BIRTH	6 AGE (IN YEARS LAST BIRT		FUNDER 1 YEAR	IF UNDER 24 HRS
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		aryland	U.S.		WIDOW		BALTIMO			MD.
	Ba:	ty or town of DEATH	THE	JOHNS H	OPKIN	S HOSPITAL	12a USUAL OCCUPATION OF WORK FOR MOSTO HOUSEWIFE		126. KIND OI INDUSTRY	F BUSINESS OR
24 hours	L13a S	AL RESIDENCE (IF NURSING H	ome or other instituti COUNTY rederick	ION, GIVE RESIDENCE BEF LIZE CITY OR IC KNOXVI	FORE ADMISSION	13d INSIDE CITY LIMITS?	Rt. 2 Box	2		
sho 2 sho	14. FA	THER'S NAME				15. MOTHER'S MAIDEN NA		_		
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ole by the		18 CAUSE OF DEATH (Er	nter only one cause	per line for (a), (b),	and ici.i				APPROXIA BETWEEN O	MATE INTERVAL
phy phy went went		PART I. DEATH WAS C	CAUSED BY: NEDIATE CAUSE (0).	CARDLO	PULM	ONARY ARR	EST			
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The rule	CERTIFICATION	STATUS	POST 1	MITRAL	VALVE	REPLACEMEN	IT			
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his c	ED	21d. INJURY OCCURRED	TAT HOUR	CE OF INJURY	TE FARM STC )	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
atter t ter t ton h on rkec	>	AT WORK NOT WHILE		SINCE I, I ACTORI, OFFIC	, ( ARM, E16.)					
R. After and seed and		22a.1 certify that (1) (this		the deceased from	TAN	0 19 70	10 JAN 2	.0	79_,	that (I) we last
hospital IRECTOR hed for u ept of He tem 21 is		sow the deceased of obove, (I) we grad	ive on JAN	20 19	74	nd that in (my) our opinion	death occurred on the de	ote and hour	ond from the c	auses stated
		226. SIGNATURE	Λ Λ	dy direct death.		DEGREE			22c. DATE S	SIGNED
a 0 0 =		Murai	V Quoon	Nie		MA ATTENDING	MEDICAL STAI	IAN A	1/20	079
FUNERAL ORTANT: I	1	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	7		22e. ADDRESS			QAL	TIMORE
TO FUNERAL should be defined by the Store with the Store IMPORTANT:		MICHAE		EENEY			PKINS HOS	STITAL		10 21205
		URIAL, CREMATION, REM	1			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	77	OUNTY	STATE #
BP		Burial INERAL DIRECTOR				le Reform	Knoxville	25h PEGISTE	erick	PIQ .
MH - 16 50M 7/77 (VR A 15 (4))	E	va Feete I	Petersvi	TA PORES	Bruns	wick Md.	ANCE HEISTER	-55. Jie G 153 K)	To CONAR	
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FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		STATE REGISTRAR			CERTIF	ICATE OF DEATI	Н	REG. NO. 7 0	-014	95
		CEASED NAME OR PRINT) STAN	11 (31)	CHARLES	(	WEBER	2	20. DATE OF DEATH MONTH OF	1-79	6 PM
	3. SE	× M ALE	WHITE A	FUC,	S. DATE C		AR 2	THOSE (HE TEARS EAST DISTRIBUTE)	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN
7	CC	RTHPLACE (STATE OR FOREIGN OUNTRY) MARYLAND	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE			9 BALTIMORE CITY OR COUNTY 6 Baltimore City		MD.
1		TY OR TOWN OF DEATH	11. NAME OF		G HOME C	OR OTHER INSTITUTION		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) SUDERVISOR	126 KIND OI INDUSTRY	F BUSINESS OR
6	USU A 130. S	AL RESIDENCE (IF NURSING HOME	or other institution in the control	GIVE RESIDENCE BEFORE 13c CITY OR TOW Catonsv	N	13d INSIDE CITY LIM		13e. STREET ADDRESS 1339 Middlaford		21228
30		ATHER'S NAME HOWARD	MIDDLE	WEBER		15 MOTHER'S MAID MARY	DEN NAM	ELIZABETH	STREI	В
2	160 W	VAS DECEASED EVER IN U.S. A VES NO OR UNKNOWN) (IF YES, G	RMED FORCES? VE WAR OR DATES)	705-05-7		Leona C.	Web	ADDRESS ar 1339 Middlafor	d Rd.	21228
1	CERTIFICATION	Canditions, if any, which gove rise to immediate couse (0), stating the underlying couse last	DUE TO, Q (c) 1		DEATH BUT	PNEUN PROSTATION NOT RELATED TO THE N WAS PERFORMED		CARCINOMA  NAL DISEASE OR CONDITION GIVE  200. AUTOPSY? 206. IF YES, IN CERTIFY	WERE FINDIN	GS USED OF DEATH?
9	MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE 220.1 certify that (I) this has sow the deceased alive above. (I) weel (did.) (did.) 22b. SIGNATURE 22d. PHYSICIADYS NAME (TYPE	21e PLACE (AT HOME, STA	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	19 ARM, ETC.)	21f. LOCATION STREET	opinion d	PED (ENTER NATURE OF INJURY IN ITEM 18, PA)  CITY OR TOWN  To to 1  Jeoth occurred on the dote and hour  MEDICAL STAFF  DIRECTOR PHYSICIAN	COUNTY	u 1
1		PATR	ICIA X	J. SNE		M	ER	my Hosp.		, ,
	(\$	BURIAL, CREMATION, REMOVA SPECIFY) BUrial	1/5/79	N	aw Ca	thadral Ce	mata	ary Baltimora	Maryle	
	163	UNERAL DIR WITZKE FI	JNERAL HO Jenue Bal	OME of CA Ltimore M	TONSV aryla	ILLE nd 21228	JAN	5 1979 Lists	y Kal	

DHMH - 16 50M 1/76 (VR A 15 (4))

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- STATE

REGISTRAR 1. DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

EAST

20 DATE OF DEATH 2b HOUR January 27, 1979 IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Self Employed Retail Seafood 13e. STREET ADDRESS Balt., Md. 21214 2816 Hamilton Avenue Harrison ADDRESS Balt., Md. 21214 2816 Hamilton Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [ COUNTY STATE (aur) apinian death accurred on the date and haur and from the causes stated 22c. DATE SIGNED

> COUNTY Baltimore Maryland "

STATE

Leonard J. Ruck, Inc. Baltimore, Maryland 25a. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE JAN3

18-01191 \*\*\*\*\*\*\* 415.15 AND THE PARTY OF T salves of the contract of the second of the

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

FOR

- STATE

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

13-01439

	- 1				STATE OF MARYLAND	79-	01493	
		,	FOR	DEPAR	RTMENT OF HEALTH AND MENTAL HY	GIENE		
	- 10	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
			EASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH MO	NTH DAY YEAR	2b HOUR
o th		(TYPE	CHARLES	FRINGER	WEILLANN	1 . /	23 79	9:25 pm
page 3 er death		3. SE		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD		IF UNDER 24 HRS HOURS MIN.
ector, p			MALE	WHITE	11 22 06	72	YRS	HOURS MIN.
1	25		THPLACE (STATE OR FOREIGN 7b.	CITIZEN OF WHAT COUNTR	MARRIED   NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	1
7		10. CI	Y OR JOWN OF DEATH	NAME OF HOSPITAL NIR	SING HOME OF OTHER INSTITUTION	12a. USUAL OCCUPATION	1 12b. KIND	OF BUSINESS OR
nled wit	3	1	altimore S	OUTH DAIN	MUNE Gey. Hosp	DRAFING OUG	ORKING LIFE) INDUSTRY	
shauld be file	35	13a. S	IL RESIDENCE (IF NURSING HOME OR OTH	A IB CITY OR TO	FORE ADMISSION)  13d. INSIDE CITY LIMITS?  YES NO	130 STREET ANDRESS NOR	TH CHART	ER RJ
N	/) I	A FA	THER'S NAME		15. MOTHER'S MAIDEN N	AME	Muskoro	
oud C	S /	17 3	YAS DECEASED EVER IN U.S. ARME	D FORCES? JIAN SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	(xbatacheax)	AXONO)
Poges 1 and	2	10a. V	ES, NO OR UNKNOWN) (IF YES, GIVE W		-1604 Ma Chanle	Bo	est Filth	25
	The state of the s		18 CAUSE OF DEATH (Enter only	one couse per line (on (o), (b),	and (c).)	Wextune 1 w		XIMATE INTERVAL ONSET AND DEATH
carban papers. F	/ent,		PART I. DEATH WAS CAUSED E	BY: UESE	IRAGRY FAILU	RE		
0 0 0			IMMEDIATE (	DUE TO, OR AS A CONSE	OHENCE OF	1		
move carb	E C		Conditions, if ony, which	DUE TO, OR AS A CONSE	NIA CONGESTULET	EART FAIL	VRE	
cremotian,	0		gove rise to immediate	(6) // / / / / / / / / / / / / / / / / /				
	ome		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEC	HEMIC MUNCHED	IAI DISTA	SE.	
0 0	5		PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	TION GIVEN IN PART 1	(0)
Then ir tab	, volu	CERTIFICATION					THE WEST STATE	
	S any	ICA.	19a. DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATION WAS PERFORMED		106. IF YES, WERE FIND IN CERTIFYING CAUSE	S OF DEATH?
ygiene	000	E				YES 🔼 NO	YES X	NO []
Mental Hygie	0		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH		IRRED (ENTER NATURE OF INJURY	N ITEM 18, PART 1 OR PART 2)	
iol-	E	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			
W	ō	8	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	211. LOCATION	CITY OR TOWN	COUNTY	STATE
as the	markedar	2	WHILE NOT WHILE AT WORK	(ATTIONE, STREET, TACTORI, ST			70	
r use as	E		22a.   certify that (I) (this hospital	) getended the deceased fro	m_/-22		19/	, that (I) we los
for u	2 18		saw the deceased alive an	7-23	9 79 , and that in (my (our) opinio	n death occurred on the date	and hour and from th	ne causes stated
hed for u	Hem 2		obove, (I) (we) (did not) v 22b. SIGNATURE	view the body ofter death.	DEGREE		22c. DA1	SIGNED/
2 2 2	±		Month	261	ATTENDING	MEDICAL STAFF	1 11	23/79
be dete	ž 🕂	1	224. PHYSICIAM'S NAME (TYPE OR PI	PILITY A	22e ADDRESSY	DIRECTOR THISICIA		1
uld be det	MPORTANI		Andros	18 millon	Jan Ha B	altinual!	Lou y	HUCD.
should be	<u> </u>	-	11/14/667	Cowred	0001018	1236 LOCATION	CHELLI 1	10 all a
		23a	SURIAL, CREMATION, REMOVAL	236. DATE	3. NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	. Manulano	STATE
		24 -	Burial	1-27-19	(edan Hill (emetery	ATE REC'D. BY REGISTRAR 25		ATUR P
16 25M	0.77		JNERAL DIRECTOR		apsico rive.	NN 2 6 1070	Listant	correcty
/R A 15 (4) )	9//4	1 1	Lully Fungaral H	ama at Brook	im/Balt. Md. 21225 J	HI CULIU DIA		

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STATE OF MARYLAND

STATE OF MARYLAND

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MICOLE DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR TYPE OF PRINTI AnitA 1-2-Lucy e57 4 RACE 6. AGE (IN YEARS LAST BIRTHOAY) 3 SEX 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 27 AY 1 3 EAR OAYS Female Black IN BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore Md USA Baltimore City WIDOWED DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET AODRESS Clerk-Metropolitan Paltimore Deaton Medica MSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS 600 Light Street 130 STATE 136 COUNTY Baltimore 13d INSIDE CITY LIMITS? YES 4 NOF 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MICOLE Charles Covington Johnson Bessie ADDRESS Strathmore Ave. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT IVES NO OF LINKNOWNY I (IF YES, GIVE WAR OR OATES) 130-09-7429 Mr. Charles H. Covington-2916 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY as de rate IMMEDIATE CAUSE (O Corobral metastores Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost plea DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 0 IFICAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED. à IN CERTIFYING CAUSES OF DEATH? be NO YES [ NO [ transit pl Hygier 18 shav 21h. TIME OF INJURY 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 10 = MEDIC! 21f LOCATION 1 21d. INJURY OCCURRED 21e. PLACE OF INJURY 20 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspiteth attended the deceased from\_ DIRECTOR sow the deceased alive on obove, (I) (we) (did) (did not) frew the body after death. , and that in (my (our) opinion death scoursed on the date and hour and from the causes stated Dept. 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING STAFF MEDICAL helper should be detained with the State D DIRECTOR PHYSICIAN 20d M.A PHYSICIAN | 22 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MPORT/ EPL 23e. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE STATE -6-79 Baltimore Co. Eurial Arbutus Mem. Park 250. DATE REC'D. BY REGISTRAR 256. REDISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 Herbert E. Nutter 3035 North Ave. (VRA 15(4))

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## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME FIRST 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) 3. SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HRS MONTH HOUR5 M' BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED langre WIDOWED DIVORCED OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY (TYPE OF WORK FOR MOST ON WORKING LIFE) Homemaker univers: amo/a tousewite USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, DIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS ordina Tokk YES Y NO [ 2000 (hest nu a 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE 0 160 WAS DECEASED EVER IN U.S ARMED FORCES? 17 INFORMANT Dowingtown ADDRESS 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 75-28-4761 B. Wetherill-2000 Harrison VO Chestnu APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost Ovarian Carcinoma ò PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Shy 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO D 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION morked or 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK ar 22a I certify that (1) (this haspital) attended the deceased from .52 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATU DEGREE 22c. DATE SIGNED ± ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

DHMH - 16 50M 1/76

BP.

(VR A 15 (4))

(SPECIFY)

23a. BURIAL, CREMATION, REMOVAL

Cremation

24 FUNERAL DIRECTOR John of Moran, Inc. ADDRESS 3000 E. Baltimore St.

23b DATE

23¢ NAME OF CEMETERY OR CREMATORY lverbrook Cem

23d, LOCATION CITY OR TOWN Wilmington,

COUNTY Castle

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR SIGNATURE JAN

Baltimore did 21624

attending physicion and campletely filled in biouce carbanpapers. Pages 1 and 2 shauld be fil

TO FUNERAL DIRECTOR: After this certificate has been retained by the haspital ar attending physician.

BP. DHMH - 16 50M 7/77 (VR A 15 (4)) FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-01505

1 DECEMBED MANE				REG. N	O.		
I DECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH		DAY YEAR	2b HOUR
(TYPE OR PRINT)  LEST	ER F.	WETZEL	. Sr.		1 2	23 79	11:20
3 SEX	4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	R IF UNDER 24 HE
Male	White	July 29	, 1912	66	YRS.	MONTHS DAYS	HOURS MI
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? 8	/ED 14 ADDIED	9. BALTIMORE CITY		OF DEATH	
Ohio	U.S.A.	WIDOWED	DIVORCED [	Baltimo	re Ci	tv	
10 CITY OR TOWN OF DEATH	11, NAME OF HOSPITAL, NURS		INSTITUTION	120 USUAL OCCUPAT	ION	126. KIND	OF BUSINESS
Baltimore	Baltimore C		tals	Roller	DF WORKING EIF	.,	h. Ste
USUAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEE	FORE ADMISSION)	DE CITY LIMITS?	13. STREET ADDRESS	PAGE		
	timore Edgem		NO 🔀	429 Will	ow Av	enue	
14. FATHER'S NAME FIRST	MIDDLE LAST	15. MOT	HER'S MAIDEN NA	ME MIDDLE			AST
Fred	Wetz	el	Grace	MIDDLE			ASI
160. WAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIAL SE	CURITY NO. 17 INFO	RMANT	ADDR	ESS 429	Will	ow Ave
No		-7733 Cor	a E. We	tzel Ba		ore, MI	
18 CAUSE OF DEATH (Enter of	nly one couse per line for (o) (b),			/lonking	abdon	APPRO BETWEEN	NIMATE INTERVAL
PART I. DEATH WAS CAUSE	TE CAUSE (0) Cardiov	125cular	Colleget	2/ nal portio	. Anes	urism 3	hour.
		DUENCE OF					
	CONDITIONS CONTRIBUTING TO	Tailure  O DEATH BUT NOT REL  CH OPERATION WAS P	ERFORMED	200 AUTOPSY?	20b. IF YES	S, WERE FIND	DINGS USED
PART 2. OTHER SIGNIFICANT	conditions contributing to  196 CONDITION FOR WHICE  leaking abdo	Tailure  O DEATH BUT NOT REL	ERFORMED		20b. IF YES	S, WERE FIND	
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICE  1 CAKING Abdo  216 TIME OF NURY	TAILURE  ODEATH BUT NOT REL  CH OPERATION WAS P  SMINEL ACTTO  216 HO	erformed. Ancurys	200 AUTOPSY?	20b. IF YES IN CERTIF YE	S, WERE FIND FYING CAUSE S	DINGS USED ES OF DEATH? NO A
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHILE    CONDITION FOR WHILE   CONDITION F	TAILURE  O DEATH BUT NOT REL  CH OPERATION WAS P  SMINGL ACTTIC  DAY YEAR  19	ERFORMED  ANCHYS  WINJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YE	S, WERE FIND FYING CAUSE S	DINGS USED ES OF DEATH? NO
PART 2. OTHER SIGNIFICANT OF THE PART 2. OTHER SIGNIFICANT OF THE PART OF THE	CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHILE    CONDITION FOR WHILE   CONDITION F	CH OPERATION WAS POMINAL ACTION  DAY YEAR  19  216 LOG	erformed. Ancurys	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YE	S, WERE FIND FYING CAUSE S	DINGS USED ES OF DEATH? NO
PART 2. OTHER SIGNIFICANT OF THE PART 2. OTHER SIGNIFICANT OF THE PART OF THE	196 CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 1 CAKING Abdo 216. TIME OF NJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CH OPERATION WAS POMINAL ACTION  DAY YEAR  19  216 LOG S  216 LOG S	ERFORMED  ANCHYS  WINJURY OCCUR	200 AUTOPSY?  YES M NO RED (ENTER NATURE OF INJU	20b. IF YES IN CERTIF YE JRY IN ITEM 18, P	S, WERE FIND FYING CAUSE S  PART 1 OR PART 2)	DINGS USED ES OF DEATH? NO
PART 2. OTHER SIGNIFICANT OF THE PART 2. OTHER SIGNIFICANT OF THE PART OF THE	196 CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 1216 TIME OF NUTURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE ital) attended the deceased from	CH OPERATION WAS POMINAL ACTION  DAY YEAR  19  211 LOC  STANGARY	ERFORMED  ANEWYS  WINJURY OCCUR  ATION  REET  19, 19,79	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUNCTION OF TO TANKS)	20b. IF YES IN CERTIFY YE WN	S, WERE FIND FYING CAUSE SS PART 1 OR PART 2)	DINGS USED ES OF DEATH? NO STATE
PART 2. OTHER SIGNIFICANT OF THE PART 2. OTHER SIGNIFICANT OF THE PART OF THE	196 CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 1 CAKING Abdo 216. TIME OF NJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CH OPERATION WAS POMINAL ACTION  DAY YEAR  19  216. HO  CE, FARM, ETC.)  216. LOC  S  T. J. M. M. R. T. Y.  T. J. M. M. R. T.  T. M. M. R. T.  T. M.	ERFORMED  ANEWYS  WINJURY OCCUR  ATION  REET  19, 19,79	200 AUTOPSY?  YES M NO RED (ENTER NATURE OF INJU	20b. IF YES IN CERTIFY YE WN	COUNTY	STATE
PART 2. OTHER SIGNIFICANT OF THE PART 2. OTHER SIGNIFICANT OF THE PART OF THE	196 CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 1216 TIME OF NUTURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE ital) attended the deceased from	CH OPERATION WAS POMINAL ACTION  DAY YEAR  19  211 LOC  STANGARY	ATION REET  ATION REET  (my) Cour Depinion	200 AUTOPSY?  YES NO NO CITY OR TO  TO TONE  death occurred on the company of the	206. IF YES IN CERTIFY YES	COUNTY	DINGS USED ES OF DEATH? NO
PART 2. OTHER SIGNIFICANT OF THE PART 2. OTHER SIGNIFICANT OF THE PART OF THE	196 CONDITIONS CONTRIBUTING TO  196 CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHITE  1216 THE OFFINIURY  ATH  P.M.  21e PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFIC  ito) ottended the deceosed from  50 Million 199  10 July 23 199  11 July 3 199  11 July 3 199  12 July 3 199  13 July 3 199  14 July 3 199  15 July 4 199  16 July 4 199  17 July 4 199  18 July 4 199  18 July 4 199  18 July 4 199  19 July 4 199  19 July 4 199  19 July 4 199  10 Jul	CH OPERATION WAS POMINAL ACTION  DAY YEAR  19  CE, FARM, ETC.)  TANARY  JANARY  JERNARY  JOHN STANARY  DEGREE  MD	ATIENDING PHYSICIAN [	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUNCTION OF TO TANKS)	20b. IF YES IN CERTIF YE IN CERTIF YE IN ITEM 18, F	COUNTY	STATE
PART 2. OTHER SIGNIFICANT OF THE PART 2. OTHER SIGNIFICANT OF THE PART OF THE	196 CONDITIONS CONTRIBUTING TO  196 CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHITE  1216 THE OFFINIURY  ATH  P.M.  21e PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFIC  ito) ottended the deceosed from  50 Million 199  10 July 23 199  11 July 3 199  11 July 3 199  12 July 3 199  13 July 3 199  14 July 3 199  15 July 4 199  16 July 4 199  17 July 4 199  18 July 4 199  18 July 4 199  18 July 4 199  19 July 4 199  19 July 4 199  19 July 4 199  10 Jul	CH OPERATION WAS POMINAL ACTION  DAY YEAR  19  CE, FARM, ETC.)  211 LOC  S  DEGREE  MD  222 AD	ATIENDING PHYSICIAN [	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death occurred on the of  MEDICAL STA	IN CERTIFY YE IN CERTIFY IN ITEM 18. F	COUNTY	STATE
PART 2. OTHER SIGNIFICANT OF THE PROPERTY OF T	196 CONDITIONS CONTRIBUTING TO 196 CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 1216 TIME OF TNJURY 1216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE 1010) ottended the deceased from 52 NULLY 2319 DR PRINT)  Greenberg Ma	CH OPERATION WAS POMINAL ACTION  DAY YEAR  19  CE, FARM, ETC.)  216 LOC S  DEGREE  DEG	ATION ATTENDING PHYSICIAN [ OR CREMATORY	ZOO AUTOPSY?  YES NO CITY OR TO  CITY OR TO  MEDICAL STA  DIRECTOR PHYSI  Tall LOCATION	IN CERTIFY YE IN CERTIFY IN ITEM 18. F	COUNTY  19 9 9  122. DA	STATE
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STATE OF MARYLAND 79-01506 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 26 HOUR 20 DATE OF DEATH DECEASED NAME 4 RACE DATE OF BIRTH 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUNTY OF DEATH 7n. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COLINTRY BALTIMORE CITY U.S.A. MARYLAND WIDOWED DIVORCED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR AGNES HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE TRUCK DRIVER STORIES TRANS. BALTIMORE, MARYLAND 2120 SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION CO. 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN BALTIMORE YES [ MARYLAND ARBIITUS 4747 ALDGATE GREEN. 21227 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE ESTER DIVELY HAROLD WEYANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) EDWARD W. FOSTER, 1923 HARMAN AVENUE NO 201-34-7848 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 201 W. PRESTON ST. CUD Conditions, if ony, which gove rise to immediate cause lat. stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11/0 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFETHER NOTIFY MEDICAL EXAMINER P.M. 19 21d INJURY OCCURRED 211 LOCATION 0 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK 22a I certify that (1) (this hospital) attended the deceased from and that in my (our) opinion death occurred on the date and hour and from the causes stated saw the deceased all way we above. A) (we) (did and a wive with body after death 22h, SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL \* PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS CATON AVE BAITO SO. ld b MPORT 900 1 LANTHOL 3 = 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE (SPECIFY) BURIAL 01 - 23 - 79MEADOWRIDGE MEM. PK. ELKRIDGE HOWARD MD. BP 24 FUNERAL DIRECTOR 21229 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 (VRA 15(4)) HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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TO C. C'TE THE THE ME 2122

FOR - STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-01507

		REGISTRAR				CERTIII	ICATE OF DEATH	REG. N	j.				
		CE ASED NAME	FIRST	1	MIDDLE	l.	AST		MONTH	DAY	YEAR	26 HOUR	
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	3. SE			RACE		5 DATE C	OF BIRTH	6 AGE JIN YEARS LAST BIRT	HDAY)		ERIYEAR	IF UNDER 2	
		Male		Cau		MONTH 5	- 26 - 91	87	YRS	MONTHS	DAYS	HOURS	MIN
, ,		RTHPLACE (STATE OR FO	OREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY			EATH		
3		arvland		U.S.		WIDOWE	DIM DIVORCED	Baltimor	e C	itv			MD.
10		Baltimor		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET	ADDRESS)	PROTHER INSTITUTION	120 USUAL OCCUPATION OF THE BOLLETMAK	ON	126	KIND O	F BUSINES Gun	
35	USU/ 13a S	AL RESIDENCE (IF NURS	Howa:		GIVE RESIDENCE BEFORE	N	136 INSIDE CITY LIMITS?	13. STREET ADDRESS 6200 Wat	erl	00 F		ctory	
30	14 FA	John	Wil"	liam	Wheat]	City Ley	IS MOTHER'S MAIDEN MA	MIDIDATE A	ilda		Mart	in	
0		VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU		17. INFORMANT	ADDRE	SS		100		
36		No		579-07-8603 Dtr., Vivan Curtis,			620	00 V	Vate	rloo	Rd		
		Conditions, if any, gove rise to improve couse (a), statis	mediote	(b)_	1	Conge	shoe- Ikan	7 fache	u				_
	NO	underlying couse	fost.	(c)	Chani  Chani  Chani  Chani  Chani  Chani  Chani  Chani  Chani	i ok	NOT RELATED TO THE TERM	Inoncuy MINAL DISEASE OR ON	Dra DITION G	CL ZI	PART 1/c		=
2	TIFICATION	underlying couse	lost.	NDITIONS <u>CC</u>	ONTRIBUTING TO De hys	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF Y	ES, WER	EFINDIN	IGS USED OF DEATH	1?
29	CAL CERTIFICATION	underlying couse	10st.  NIFICANT COL	NDITIONS CO	CENONIC DE L'AGE  DE L'AGE  TION FOR WHICH  FINJURY M. MONTH DA	DEATH BUT PRECE LE OPERATION	ion-	200 AUTOPSY?	206. IF Y	'ES, WER TIFYING YES []	E FINDIN CAUSES	IGS USED	1?
29	MEDICAL CERTIFICATION	PART 2. OTHER SIGN 190. DATE OF OPERA 210. ACCIDENT WAS UNION CONTRIBUTING	OST.  NIFICANT COL	196 CONDI 196 CONDI 216. TIME O HOUR A.I 216. PLACE 0	Chroni Derys Tion for which Finjury M. MONTH DA	OPERATION  AY YEAR  19	N WAS PERFORMED	200 AUTOPSY?	206. IF Y IN CERT	YES, WER TIFYING YES  B. PART TOP	E FINDIN CAUSES	IGS USED OF DEATH	
29	t e	PART 2. OTHER SIGN 190. DATE OF OPERA 210. ACCIDENT WAS UNIT OR CONTRIBUTING [IFEITHER, NOTIFY MEDIC 21d. INJURY OCCUR.] WHILE [IFEITHER] NOTIFY MEDIC	TION  DERLYING CAUSE OF DEATH AL EXAMINER)  RED  (Ithis hospitoliced olive on cause of the cause	196 CONDI 196 CONDI 216 TIME O HOUR A., 21e PLACE ( (AT HOME, STR	CLUBITION TO E  DE LUIS  TION FOR WHICH  FINJURY M. MONTH DA  M.  DF INJURY  BEET, FACTORY, OFFICE, F  e deceosed from  7 — 19	OPERATION  AY YEAR  19  ARM, ETC.)	21¢ HOW INJURY OCCUR	200 AUTOPSY?  YES NOTE  RED (ENTER NATURE OF INJUI  CITY OR TOV	206. IF Y IN CERT	YES, WER TIFYING YES	E FINDIN CAUSES	STAI	TE e) lost

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

24. FUNERAL DIRECTOR 1 dson Funeral Homeopressaurel, Md

DATE REC'D. BY REGISTRAR 256: REGISTRAR'S SIGNATURE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIDDLE 20. DATE OF DEATH 2b HOUR (TYPE OR PRINT) 30 rances 6-M 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY IF UNDER 24 HRS IF UNDER 1 YEAR YEAR DAY DAYS **HOURS** 1891 TO BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) WIDOWED DIVORCED | O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h, KIND OF BUSINESS OR HE NOT IN SLICH FACILITY GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 timore. USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MEDIE FIRST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT LYES, NO OF UNKNOWN] I IF YES, GIVE WAR OR DATES) -8503 18 CAUSE OF DEATH (Enter only ane couse per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY. cerebr appedent IMMEDIATE CAUSE IQ ISEQUENCE OF CLANDS Conditions, if any, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CERTIFICATION a 19n DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? ă IN CERTIFYING CAUSES OF DEATH? NOF NO [ YES T burial-tronsit 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (I) (this hospital ended the deceased from saw the deceased olive on 19 10 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did not) view the bady after death. DIRE 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF D FUNERAL Direction of the Stote Direction of PHYSICIAN IN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME ITYPE OR PRINT) 220 ADDRESS 2 W. University Parkway Balto. Md. 21218 William F. Fritz. M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23t. NAME OF CEMETERY OR CREMATORY COUNTY remotion DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DISECTOR DHMH - 16 50M 7/77 (VR A 15 (4))

X2		FOR STATE REGISTRAR			MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO.	79-	01509
deed a		CEASED NAME FIRST	AN	MIDDLE	WH	iTBY	20. DATE OF DEATH M	ONTH OAY	YEAR 26 HOUR
age 4mg	3. SE	TEMALE	4 RACE	Black	S DATE O		6 AGE (IN YEARS CAST BIRTHE	YRS.	
deoth Pe	C	RTHPLACE ISTATE OR FOREIGN OUNTRY  Maryland	U.		WIDOWE		9. BALTIMORE CITY <u>OR</u> Baltin		EATH MD.
201 us offer by the f filed with		Baltimore	Manor Manor	Care Nu	arsin	n other institution ag Home	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V		KIND OF BUSINESS OR DUSTRY
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be fill exomine fmust be in	13a S	ALRESIDENCE (IF NURSING HOME O STATE 136 COUL aryland	R OTHER INSTITUTION NTY	Baltimo	N	YES NO	13e STREET ADDRESS 400 Edsa	le Road	đ
5 0		Stephen	MIDDLE	Neal		Rosie	MIDDLE		yson
BALTIMORE ote be executable or			E WAR OR DATES)	166 SOCIAL SECUE		Doris Neal	ADDRES	mes Ave	
ST., Str., on poor remore even		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per ED BY: TE CAUSE (0)	MASS	IVE	CUA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  LMM P
PRESTON he deoth co		Conditions, if any, which gove rise to immediate	DUE TO, O	RASA CONSEQUE	NCE OF	FBRILL	ATION		yrs.
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VITAL REC	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING [			DERATION	21c. HOW INJURY OCCUR	YES NO	IN CERTIFYING (	CAUSES OF DEATH?
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir ottending physicion.  Iffer this certificate has been sig os the buriol-tronsit permit. Ther th ond Mental Hygiene prior to b orked or them 18 shows any injur	EDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	ATH HOUR A.		Y YEAR	211 LOCATION	LED TENTER MATURE OF MICH.	IN HEM 16, PART I OR	FAKI &
DIVISIC DIVISION PHOREMAN OF OFFICE THE OFFICE OFFICE OF SHE E OS THE E OS	WEI	AT WORK NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CITY OR TOWN	col	UNITY STATE
ATTENION OSPITOL OSPITOL US ECTOR: US of Hee		22a. I certify that (I) (this hasp sow the deceased alive or above. (I) (we) (did) (did no 22b. SIGNATURE #			and a	d that in (my) (our) opinion o	death occurred on the date		from the couses stoted
by the hos by the hos ERAL DIREC e detoched Store Dept		22d PHYSIET NAME (TYPE C	22-	-6		ATTENDING	DIRECTOR PHYSICIA		R. DATE SIGNED
TO HOSPITAL retoined by 11 TO FUNERAL should be det with the Store	12- 6	3	· ZAI	W-W/1	)	MANOR	-CAPES	2055	ville
5864 BP	(	Burial, CREMATION, REMOVAL  Burial  UNERAL DIRECTOR				EMETERY OR CREMATORY  IS Mem. Par	23d. LOCATION CITY OR TOWN Arbutus	Mary	land,
DHMH-16 50M 7/77 (VR A 15 (4))		m. C. March	F/H 11	01 East	Nort	h Ave.	N 17 1979	in identificated	ISHON ATURE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH YEAR 2b HOUR (TYPE OR PRINT) Dwar ah 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR DAYS HOURS COUNTRY? STATE OR FOREIGN 76 CITIZEN OF WHAT BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) WIDOWED DIVORCED [ O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR 196 SLICH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY a-ramor IAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 1136 COUNTY QRTQWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME O MIDDLE LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS BALTIMORE 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) { IF YES, GIVE WAR OR DATES} Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for 10 , 1b , opd ic PART I. DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE PRESTON ST A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse 10, stoting the 3 underlying 201 PART 2 OTHER SIGNIFICANT CONDITIONS DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CONTRIBUTING TO DIVISION OF VITAL RECORDS, CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 196 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ 10/ NO NO [ 21a ACCIDENT WAS UNDERLYING 216 TIME OF INTURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION ö 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE morked WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from 0 sow the deceased alive on\_ and that in (my) our) opinion death occurred on the date and hour and from the causes stated (1) twe (did) (did not) view the body ofter death DIRECT 226. SIGNATURE DEGREE 22c. DAJE SIGNED 100 ATTENDING MEDICAL STAFF FUNERAL should be determined the Store PHYSICIAN | DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b DATE 230 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY COUNTY STATE Burial BP 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REG STRAR 256. REGISTRAR'S DHMH - 16 50M 1/76 6415 Belair Rd. (VR A 15 (4)) John (. Miller Inc.

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signed by the attending physician

TO FUNERAL DIRECTOR: After this certificate has been

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should be detached for with the State Dept. of I MPORTANT: If Hem 21

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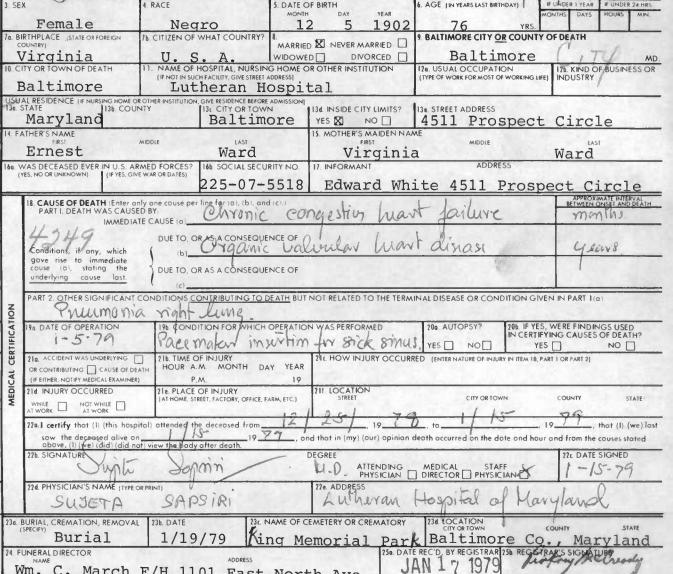
C. March F/H 1101

examiner must be natified on once

medical

or other troumatic

DECEASED NAME FIRST			CATE OF D	EATH	REG, NO.			
(TYPE OR PRINT)	MIDDLE		AST	April 1	20. DATE OF DEATH MONTH DAY	YEAR 26. HOUR		
O. Luis	ian ) MAE	V	v hit	e	5	79 2.55	5PM	
SEX	4 RACE			YEAR	C. FIGE   III I EMILO BIO DICTION		HR5	
Female	Negro			1902		NIII DATS NOOKS M		
a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	NEVER A	AARRIED []	9 BALTIMORE CITY OR COUNTY O	FDEATH		
Virginia	U. S. A.				Baltimore	CITY	MD.	
O CITY OR TOWN OF DEATH			R OTHER INST	ITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS	OR	
Baltimore		Lutheran Hospital						
			113d INSIDE CI	TY LIMITS?	13. STREET ADDRESS			
Maryland			YES 🔀	NO []		Circle		
4. FATHER'S NAME	MIDDLE LAST					TAST		
Ernest	Ward					Ward		
		RITY NO.	17. INFORMA	NT	ADDRESS		KQ	
(120,110 01 011110 111)		5518	Edwa	rd Wh:	ite 4511 Prospe	ct Circle		
PART I. DEATH WAS CAUSE	DBY: Olympic		ngestiv	ha	At Jailure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	ТН	
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gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF			1			
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East North Ave

DHMH - 16 50M 7/77 (VR A 15 (4))

319 N. Schroeder Street

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20. DATE OF DEATH

MONTH

IF UNDER 1 YEAR DAYS

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22c. DATE SIGNED

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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FOR

REGISTRAR DECEASED NAME

24. FUNERAL DIRECTOR

DHMH - 16 50M 1/76

(VR A 15 (4))

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE Whitehurst 2n DATE OF DEATH 26 HOUR (TYPE OR PRINT) WHITETOVRST 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH YEAR HOURS BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED KACTO Delaware WIDOWED DIVORCED [ LP CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Simmar RIOM CLERCION DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Baltimore SOC. SECURIT WSU AL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 36 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? MO SPICTO Fullerton 8219 Belair Rd YES [ 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Charles Piotrowski Josephine Rapert 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) BONNIC MOSTON CJ. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2/0m/n IMMEDIATE CAUSE 10 OR AS A CONSEQUENCE OF Conditions, if ony, which MEDAFORTIC CARRINGMA OF LUNG gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse fost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 0 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NO YES NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE STATE AT WORK AT WORK 220.1 certify that (17) (this hospital) attended the deceased from and that in (my) your) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN MPORTANT PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) wild b 22e ADDRESS HOESCH 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 73d LOCATION (SPECIEV) Burial Maryland Baltimore 1/29/79 Moreland Memorial 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REDISTRAR'S SIGNATURE DHMH - 16 50M 1/76 (VR A 15 (4)) Leonard J. Ruck 5305 Harford Rd. 21214

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STATE OF MARYLAND

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TO MEDICA EXECUTE TH PAGE 4 SH TO FUNERA AFTER DEAT BALTIMORE, EXAMINER'S NAME (TYPE OR PRINT) Thomas D. Smith, M.D. 111 Penn Street, Balto, MD 21201 ADDRESS. 23d LOCATION CITY OR TOWN Baltimore, 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE 256 PATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Burial 1/6/1979 Mt. Auburn Cemetery 24. FUNERAL DIRECTOR **DHMH - 17** 5 1978 (VR A15 ME (5)) 30M 7/73 Wm. C. March F/H 1101 East North Ave

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been mit. Il prior t	1 🖁	190 DATE OF OPERATION	Cell	196. CONDITION FOR	WHICH OPERATION		20g AUTOPSY?	20b. IF YES, WERE FIN	VOINGS LISED
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DIVISION OF VITAL RECORDS,  ING PHYSICIAN: The law requir ratending physician. Wher this certificate has been sign sost he burrol-transit permit. Then th and Mental Hygiene prior to b orked ar Item 18 shows any injury	CERTIFICATION	21a. ACCIDENT WAS UNDE	PLYING D	216. TIME OF INJURY		21c. HOW INJURY OCCUR	YES NO	YES _	NO 🗆
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OR: OR: ST		22a. I certify that (1) (1 saw the deceased		Jan, 25	30	19	to Jan.	<del>36</del> , 19 <u>19</u>	, that (I) (we) last
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1 0 c/	23a	BURIAL, CREMATION, R	EMOVAL 2	3b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
() \ BP		Burial		1/31/1979	Churc	h Cemetery	Mores	ville, N.	C.
DHMH - 16 50M 1/76	24 F	UNERAL DIRECTOR		ADDI	RESS	25a. DA	TE REC'D. BY REGISTRA	AR 256. REGISTRAR'S SIGI	NATURE
(VR A 15 (4))	1	1 17 0 - 16	rch F	/H 1101 E		th Ave.	N 0 0 2030	Pit ho	1 to
						UH	ETEL G & FI	- Joseph Company	COUNTY -

Balto..

Md.

& Sons Co.

21212

DHMH - 16 50M 7/77

(VRA 15 (4))

FOR

1. DECEASED NAME

REGISTRAR

24 FUNERAL DIRECTOR Henry

York Road

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 2a DATE OF DEATH MONTH

2h HOUR

HOURS

126 KIND OF BUSINESS OR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME LAST 20 DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) Whitt, Sr. James 01/16/79 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE 1IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR 10 YEAR DAYS HOURS Male 1902 Negro 20 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH. MARRIED EN NEVER MARRIED South Carolina U. S. A. Balto. WIDOWED DIVORCED Md 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore Johns Hopkins Hospital JSUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY 13c CITY OR LOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 2000 0'dell Avenue NOF 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST David Whitt Sue Gant. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) No 218-01-5708 Warren Whitt 516 Edgewood Street 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY MONATG IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF issem. mated Intraverse Conditions, if ony, which gove rise to immediate couse los, stoting the DUE TO, OR AS A CONSEQUENCE OF 78 underlying couse 121 Peabable PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) DIVISION OF VITAL RECORDS, CERTIFICATION 206 IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? pe NONE NO YES [ NO [ Hygier Sh 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART ) OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 MEDICA 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from 79 ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED should be detach with the State De MD ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Johns 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) /22/79 Baltimore Cemetery Baltimore? Maryland 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 ADDRESS NAMI (VR A 15 (4)) C. March F/H 1101 East North Ave.

79-01518

	1.	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HY ICATE OF DEATH	GIENE / 9 - 1	0.	
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ro Hospita etoined by TO FUNERA should be de with the Stot		Riollia ARI	EM		200	He Boilt	mare	piral.
5 5 5 2 3 3	23a. f	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	4 COUNT	Y ISTATE
BP	L '	Durial	Feb. 3, 1979	Len Hav	en Pem. Park	Glen urr	The same of the same of	o. arriland
H- 16 50M 7/77	24 F	UNERAL DIRECTOR	Anni	SESS 4 C	25a. DA	TE REC'D. BY REGISTRAR	256 REGISTRARS	SIGNATURE:
(VR A 15 (4))	0	utti Finanal Ho	mo 130 F. F. na	Ave Bal	to I'd I FE	D 1 4070	1	a. Dans

STATE OF MARYLAND

	1.	FOR STATE REGISTRAR	DEPA	- U I J Z U		
		CEASED NAME FIRST	AIDDLE HTIOS	LAST WHITTLE	20. DATE OF DEAT	H MONTH DAY YEAR 26 HOUR
	(1111)	EDI	ти А.	WHTTTLE		1 4-79 1048
	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAS	
	-	EMALE	CAUCASIAN	SAN 1, DAYP9	8	MONTHS DAYS HOURS MIN
3		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE		9 BALTIMORE CIT	TY OR COUNTY OF DEATH
9		MD	034	WIDOWED DIVOR		RE CITY
7;	10 C	TY OR TOWN OF DEATH	1.1. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUT	TION 12a. USUAL OCCUI	
7		BALTIMORE /		ZIAL HOSPITAL	Jacesta	
1	USU.	L RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BE JNTY 13c. CITY OR T		LIMITS? 13e. STREET ADDRE	SS
2		NO BAL	TO CO. 2/23	YES NO	1.1 1011/0	1
2.	14. FA	THER'S NAME	- MIDDLE LAST	15. MOTHER'S MA	AIDEN NAME	IF IAST
1	-	YENRY T.	Bomper	T ELIZA	918 et H	Wocz
0		AS DECEASED EVER IN U.S. A	NE WAR OR DATES)			DORESS 1719 KENNOWNY
1		No	- 213-03	-3048 A MRZ M.	KERROD W. ALBER	T. BATO. NO. 21254
ı		18 CAUSE OF DEATH (Enter	only one cause per line for (a), (b).	and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
١		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (o)	ARDIAC ARREST		and 31
П		57419	DUE TO, OR AS A CONSE	DUENCE OF		
		Conditions, if ony, which	( ib)	PUNM. EDEN	AM	Unkenou
	57	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	DUENCE OF		
		underlying couse lost.	(c)			
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(0)
	Ö		NOW S			
0	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	CH OPERATION WAS PERFORME	ED 20a. AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
1	TIF	15/58/18	Gallsta	حب.	YES NO[	Z YES [] V NOT
7		21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HOW INJUR	Y OCCURRED (ENTER NATURE OF	INJURY IN ITEM 18, PART 1 OR PART 2)
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	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFA)	CE, LAMETC.) 211 LOCATION	CUAO	RIOWN COUNTY STATE
	2	AT WORK		04		
			pital) attended the deceased fro		19 78, to 7	19, that (we) I
		sow the deceased alive a above, (1) (wa) (did) (did	on	ond that in (my) tour	c) opinion death occurred on the	he date and hour and from the causes stated
		226. SIGNATURE	11110	DEGREE		22c. DATE SIGNED
		CNV)	Valetile,	MU ATTE	NDING MEDICAL SICIAN DIRECTOR PH	STAFF YSICIAN A
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS		
		C.N. SCH	OENFELD, M.D.	UNI	ON MEMORIAL HO	SPITAL
	23a.	URIAL, CREMATION, REMOVA	AL 23b. DATE 2	IL NAME OF CEMETERY OR CRE	MATORY 23d LOCATION	COUNTY /STATE
	1	BORIAL	PSAN79 1	MERDOW ROSE MI	Lea De griparioni	DO CO
		NERAL DIRECTOR	11 and ADDRESS	10100	250. DATE REC'D, BY REGIST	RAR 256. RECISTRAR'S SIGNATURE
	0	CERNEH FOURK	AL HOME PORTO	1 WOLLE	IAN 8 1979	harry 1

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2ª DATE OF DEATH (TYPE OR PRINT) poge r dept 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY YEAR DAYS 9 BALTIMORE CITY OR COUNTY OF DEATH CITIZEN OF WHAT COUNTRY? NEVER MARRIED MARRIED NAMEO HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 136 COUNTY 13d INSIDE CITY LIMITS? more 15 MOTHER'S MAIDEN NAME MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) Fannie Wicks 11 W. 20th Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), for, and ic PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE to: DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 1970 AC 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED Ö IN CERTIFYING CAUSES OF DEATH? bei NOF YES [ NO [ 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION 0 AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 CITY OF TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on\_ \_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obave, (I) (we) (did) (did not) view the bady ofter death. FUNERAL DIRE 22b. SIGNATURE. DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be det with the State IMPORTANT: 22d PHYSICIAN'S NAME LIVE OF PRINT 22e. ADDRESS 0 % 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial Garden of Eternal Hope Westminister, 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25h. REGISTRAR DHMH-16 50M 7/77 (VRA 15(4)) C. March F/H 1101 East North Ave

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9-01522 - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH I. DECEASED NAME 2b. HOUR (TYPE OR PRINT) BABY WIGGINS 3. SEX 4 RACE DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH ONTHS DAYS To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY INFANT I-P BALTIMORE, MARYLAND 2120 (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13c CITY OR TOWN 13d INSIDECITY LIMITS? 13e STREET ADDRESS BAZTO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE SOARES NIGGINE 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES. NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a OR AS A CONSEQUENCE OF Conditions, it ony, which gove rise to immediate cause 10), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause ple PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. DIVISION OF VITAL RECORDS, CERTIFICATION 0 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T NO F Hygi 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH nto MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PA 19 ond Me 21f. LOCATION ā 21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK Icen 22a I certify that (1) (this hospital) ottended the deceased from... DIRECTOR saw the deceased glive an Jan 19, abave (11) (we) (did) (did nat) view the bady after death and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED \* 20 ATTENDING MEDICAL be deto e Stote I FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME TYPE OF PRINT 22e. ADDRESS should be 230. BURIAL CREMATION, REMOVAL 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Burnie DHMH - 16 50M 1/76 (VR A 15 (4)) 1206

STATE OF MARYLAND

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE OF DEATH (TYPE OR PRINT) ranor 4. RACE 6. AGE (IN FEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX IF UNDER 24 HRS ID Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Pa. WIDOWED DIVORCED [ QRJOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Homemaker Own Home SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COLINA 13d INSIDE CITY LIMITS? HMOIR YES A 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Moss John Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Lutherville. I (IF YES, GIVE WAR OR OATES) Albert Wilkerson, Jr. Maryland No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY 4 noke weeks IMMEDIATE CAUSE 10 anteniosclenotic dascular disease Conditions, if any, which gave rise to immediate couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost io PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 19g DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? ā IN CERTIFYING CAUSES OF DEATH? Hygiene I shows NO X YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) ftem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ond Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21 LOCATION 0 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a.1 certify that #1 (this hospital) attended the deceased from and that in (mg) (our) opinion death occurred an the date and hour and from the causes stated sow the deceased alive on. abave, (1) (we)(did) (did not) view the bady after death DEGREE ATTENDING MEDICAL should be detor with the Stote DIRECTOR PHYSICIAN MPORTANT. 22e. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial Baitimore County, Md. Dulaney Valley 1/24/79 W. Jenkins & Sons Co. STRAR'S SIGNATURE DHMH - 16 50M 1/76 21212 (VR A 15 (4)) Balto., Md. 1905 York Road

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 26 DATE OF DEATH I. DECEASED NAME 2b HOUR 45 (TYPE OR PRINT) J. Richard Wilkins 4 RACE 6 AGE | IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH 3 SEX MONTH OAYS 1890 XXX 82 YRS Male White BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? NEVER MARRIED COUNTRY Richmond, VA. U.S.A. Baltimore City DIVORCED 10 CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Jenkins Memorial Home Law Firm Baltimore Lawver DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 1101 St. Paul St. Apt. 405 Maryland Baltimore YES X NO 18 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME John Walter Wilkins Georgia Bell Spalding ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 166 SOCIAL SECURITY NO IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 119 E. Fayette St. Unknown Wilkins APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one couse per fine for to , (b , and ic. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse tot, stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Q. ă CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? bei shows -fransit p of Hygien 18 show certificate 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR Mental-tr OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211. LOCATION 21d. INJURY OCCURRED 0 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from (my) (our) opinion death accurred on the date and hour and from the causes stated and that in view the body after death DIRECT DEGREE 22t, DATE SIGNED 226. SIGNAT ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S MAME (TYPE OR PRINT 22e ADDRESS should h LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY STATE COUNTY Md. Baltimore 10/1979 Green Mount Cremation BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VRA 15 (4)) Walter Brooks Bradley Inc. Balto., Md.

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STATE OF MARYLAND 79-01526 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1. DECEASED NAME 2b. HOUR (TYPE OR PRINT) Wil 79 01 : 45P M AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 3. SEX HOURS MONTH MONTHS DAYS 29-1923 BALTIMORE CITY OR COUNTY OF DEATH IN BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND WIDOWED DIVORCED X 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION M CITY OF TOWN OF DEATH 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPEOF WORK FOR MOST OF WORKING LIFE) INDUSTRY ARPENTER DNSTR USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1136. COUNTY 1136. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? ERDMAN ALTO YES X NOF 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME BENJAMIN LIVE ELDRIGE UNARD ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? M. INFORMANT (IF YES, GIVE WAR OR DATES) MES, NO OR UNKNOWN) - 4810 (1).11) II APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M. 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY 0 CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE narked WHILE AT WORK AT WORK 1-11 22a.1 certify that ( (this hospital) attended the deceased from sow the deceased alive on and that in (and (our) opinion death occurred on the date and hour and from the causes stated above, () (we) (did) (did) view the body after death 22c. DATE SIGNED 22W SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN [ DIRECTOR PHYSICIAN MPORTANT: 22d RHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS ld b 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OF CREMATOR 23b. DATE COUNTY BP BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 25M (VR A 15 (4) ) 9/74

	1			STAT	E OF MARYLAND	1		
5	1	FOR - STATE	D		EALTH AND MENTAL HYG	IENE 79-	01527	
	L	REGISTRAR		CERTII	ICATE OF DEATH	REG. N		
m F	I DE	CEASED NAME FIRST	MIDDLE COS	NAMEIS	15 WILLIAMS (2)	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
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moy	3 SE	X	4 RACE	5. DATE (		6 AGE (IN YEARS LAST BIRT	HDAY] IF UNDER 1 YEAR	
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8 5		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	D T NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
John Z.		Unkn.	Unkn.	WIDOW		Balto.	City	MD
fied with	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G		OR OTHER INSTITUTION	120 USUAL OCCUPATI		OF BUSINESS OR
by thed	B	alternose City	( WWW.SI	my 11	MD.	Unkn.	TOWNS CITED THE DOSTR	
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AND 24 H	7	117	lance Oty		YES NO	510 K	· trement	Lee.
RYL,	14 F	ATHER'S NAME	MIDDLE L	.AST	15 MOTHER'S MAIDEN NAM	ME MIDDLE		AST
MAR ed w ed w ond exon	2	Unkn.		.73	T N G	Unkn.	t)	(3)
ORE,	160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b SOCI.	AL SECURITY NO.	17 INFORMANT	ADDRE	SS	
IMOI on ond Poge		VES_NO OR UNKNOWN] (IF YES, GIV	Un	kn.				
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours viscion and completely filled in by specis. Pages 1 and 2 should be fill wol. it, the medical examinet must be in it, the medical examinet must be in		18 CAUSE OF DEATH Enter o	nly one couse per line for ia	, (b), and (c)		A	APPRO BETWEEN	NIMATE INTERVAL
		PART I. DEATH WAS CAUSE		dissulu	man Auss	+	(	Ohrs
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deoth deoth ove co		Conditions, if ony, which	( b) My	cardial	Infraction	- who k	steral	V
the remember the		gave rise to immediate cause 101, stating the	DUE TO, OR AS A CO	NSEQUENCE OF		•		
thot d by ecose ol, cr		underlying couse lost	(c)					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The law requires that the death certificate has been signed by the attending plans that this certificate has been signed by the attending plans that this certificate has been signed by the attending plans to stiff burial-transit permit. Then please remove corbang to as the burial-transit permit. Then please remove corbang than Americal Hygiene prior to burial, cremation, or removed or tem 18 shows any injury, or other traumatic events.	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1	la
ORD requ	CERTIFICATION		Market Line				ALCO E. O.L.	- 7. 157
low re-	S.	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	
TAL RI cicion. The le cicion. The le person sit person shows	RI	2) (500) (1)	7		14.	YES NO	YES 🗌	NO 🗆
PHYSICIAN: T PHYSICIAN: T sadding physici this certificate e buriol-transi di Mental Hyggia da Mental Hyggia da ritem 18 sh		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	- 110110 111 11011	TH DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2]	
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PHY endii this he bu	MED	21d. INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY		21f LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
DING P or otter After the e os the olth one		AT WORK				11/20	-18	
Z - 2 5 4 .2	1	220.1 certify that (I) (this hosp saw the deceased alive ar	. 1 00		19 79			, that (I) (we) last
ATTE ospito d for t. of h m 21		abave, (1) (we) Idid/Idid no	at) view the body ofter death	h. 19	nd that in (my) (aur) apinion o	death occurred an the do		
OR A DIRE DOCHED Dept		226. SIGNATURE	N.		DEGREE ATTENDING _	MEDICAL STAI		ESIGNED
by the ERAL State State			weison H	AMD	PHYSICIAN _	DIRECTOR   PHYSIC	IAN DE 10	8/19.
HOSPITAL ned by the FUNERAL old be det in the State		22d. PHYSICIAN'S NAME (TYPE C			22e ADDRESS	1 415 11.	00 -01	
TO HOSPITAL retained by the TO FUNERAL should be deter with the State			1 MUSON		Www.Silyi	SIMD HO	SPITHL .	1
4.1	23a	BURIAL, CREMATION, REMOVAL		23c NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
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DHMH - 16 50M 1/76		UNERAL DIRECTOR	ADI	DRESS	"FEA	REC'D. BY REGISTRAR	25h EPGISTRAR'S SIGNA	TURE
(VR A 15 (4) )	An	atomy Board 65	55 W. Balto.	St. Balto	)., Md.		10	

FOR

REGISTRAR

DECEASED NAME

- STATE

DHMH - 16 50M 7/77

(VR A 15 (4))

STATE OF MARYLAND

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

YEAR

20 DATE OF DEATH MONTH & AGE IN YEARS LAST BIRTHDAY IF UNDER I YEAR HOURS MONTHS DAYS **BALTIMORE CITY OR COUNTY OF DEATH** Baltimore 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 310 North Dension Street Gregory APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO I COUNTY STATE , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED

1/22/1979 Mt. Calvary Cem. Baltimore, Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE

24 FUNERAL DIRECTOR Liptory Ma Cresche March F/H 1101 East North Ave.

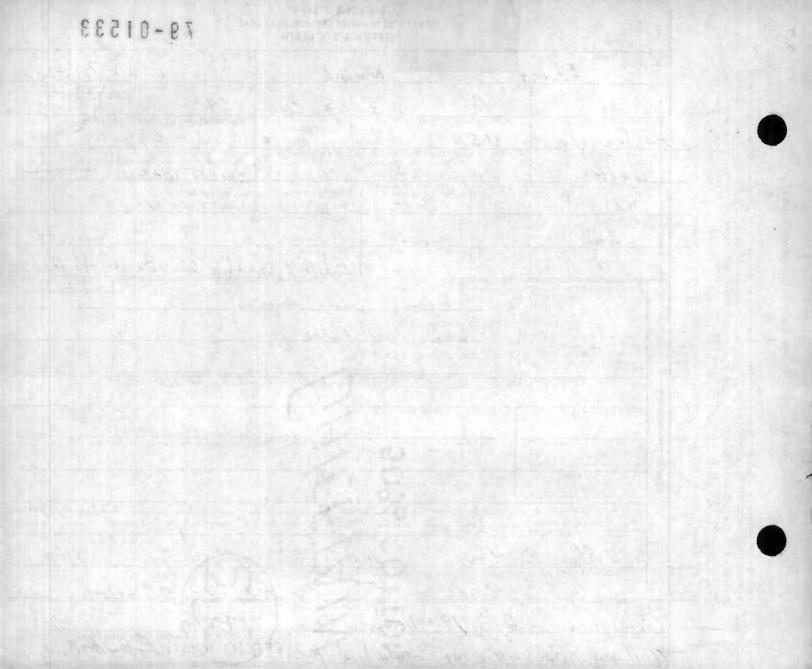
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST I. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) Mamie LL TAMS 79 4 RACE 3. SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAY YEAR OAYS HOURS Female Black BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY filed Baltimore ercy Hospital House-wife W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3p. STATE 136 COUNTY 13c CITY OR TOWA 13d INSIDE CITY LIMITS? NO F 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST EIRST MIDDLE P Charles ewis Mallace 160 WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** 16b SOCIAL SECURITY NO INFORMANT (YES NO DR UNKNOWN) I (IE YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY 4FRATEC COMA IMMEDIATE CAUSE 10) Conditions, if ony, which gove rise to immediate couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 78n AUTOPSY? ō IN CERTIFYING CAUSES OF DEATH? bei YES NO the buriol-transit and Mental Hygie 710. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IE EITHER, NOTIEY MEDICAL EXAMINER) P.M. 19 21e PLACE OF INJURY 21d INJURY OCCURRED 21f LOCATION 0 CITY OR TOWN COUNTY AT HOME, STREET, EACTORY, OFFICE, EARM, ETC.) STATE WHILE NOT WHILE AT WORK 220.1 certify that (this hospital) attended the deceased from sow the deceased-plive on. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we did (did not) view the body after death be detoched e Stote Dept. 22b. SIGNATURE DEGREE 22c. DATE SIGNED = ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS uld b 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 236 LOGATION COUNTY 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REG DHMH - 16 50M 1/76 ADDRESS (VR A 15 (4))

13	FOR STATE REGISTRAR		DEPARTMI	STATE OF MARYL ENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGIE	NE 7 9	-01530	
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4 9 4	3. SEX	1 RYCE		S. DATE OF BIRTH	YEAR	. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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the the state of	Baltimore	(IF NOT IN SU	ovident H	DRESS)	(	TYPE OF WORK FOR MOST OF		, populaçõe ou
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AND n 24 I	Maryland		Baltimo	re YES X	NO 🗌		dley Avenu	ie
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MA Manual	Daniel			Ma	argaret		Fac	
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÷ + + + + + + + + + + + + + + + + + + +	18 CAUSE OF DEATH W	IMMEDIATE CAUSE (o)	Cardio-	pulmon	any a	nest	APPROXII BETWEEN C	MATE INTERVAL DNSET AND DEATH
es that the death certined by the attending please remove carbon urial, cremation, or remove corbon, or certification, o	Conditions, if ony, gove rise to imi	which (b)	OR AS A CONSEQUEN	l F	ailur	-		
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DIVISION OF VITAL RECORDS, NG-PHYSICIAN: The faw requir after this certificate has been sign as the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or Item 18 shows any injury	190 DATE OF OPERA		DITION FOR WHICH O	PERATION WAS PERFO	ORMED	20a. AUTOPSY?  YES NO	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	GS USED OF DEATH?
V OF VIT	OR CONTRIBUTING T	CAUSE OF GEATH HOUR A	OF INJURY M. MONTH DAY M.	YEAR	NJURY OCCURRED	O (ENTER NATURE OF INJURY	Y IN ITEM 18, PART 1 OR PART 2)	
IVISION  NG-PHYS  ottendin  frer this c  ss the bur  h and Me	(IF EITHER, NOTIFY MEDIC 21d. IN JURY OCCURI WHILE NOT W AT WORK AT WC	HILE (AT HOME, ST	OF INJURY IREET, FACTORY, OFFICE, FAR	M, ETC.) 21f. LOCATI	ON	CITY OR TOWN	N COUNTY	STATE
TENDIN putol or TOR: Ald for use of of Healt	22a. I certify that sow the decease above. (1) (we) (	(this haspital) ottended to	he deceosed from	9 , and that in Juny	19 <u>7</u> (our) opinion dec	oth occurred an the da	te and hour and from the	that (we) lost couses stated
AL OR AL OR AL DIRECTOR Set of	22b. SIGNATURE	Deval	5551	DEGREE H.D	ATTENDING PHYSICIAN []	MEDICAL STAF	222c DATE	SIGNED 79
TO HOSPITAL (retoined by the TO FUNERAL Is should be detoined with the Store IMMPORTANT; If	22d. PHYSICIAN'S N		iss	22e. ADDRES	Provi	dent	Hospi	tal.
1	230. BURIAL, CREMATION,			ME OF CEMETERY OR		23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP	Buria	1 2/6/1	.979 Bal	to. Nat.		Baltimor	e Roky Mar	viand
DHMH - 16 50M 7/77	24 FUNERAL DIRECTOR		AODRESS		250. DATE R	ECHO. BY REGISTEAR 2	Sb. REGISTRAR'S SIGNATI	URE
(VR A 15 (4))	Wm. C. Ma	rch F/H 11	01 East	North Ave	1 1			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME LAST 20. DATE OF DEATH 2h HOUR (TYPE OR PRINT) 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN FEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR MONTH HOUR5 O BIRTHPLACE ISTATE OR FOREIGN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED COUNTRY WIDOWED DIVORCED [ 18. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 1136 COUNTY 13r CITY OR TOWN 13d. INSIDE CLEY LIA ITS? 13e. STREET ADDRESS Maryland Baltimore YES TO NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Jeff Williams Hester Jackson 0 ADDRESS 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) YES Rosa Williams 4312 Kathland Avenue 215-18-9790 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o PRESTON ST AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the AS A CONSEQUENCE OF ath underlying cause lost. DIVISION OF VITAL RECORDS, 301 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? be NOV YES T NO M 210. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) H 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f LOCATION 2 MED 21d INJURY OCCURRED 71e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK AT WORK 22a I certify that (1) (this haspital) attended the deceased from saw the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death DEGREE 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL DIRECTOR PHYSICIAN uld be de PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME LTYPE OF PRINT 22e. ADDRESS 23g. BURIAL CREMATION REMOVAL 23b. DATE 23. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE (SPECIFY! Burial 1/26/1979 ing Memorial Park Baltimore Con, Markland , BY REGISTRAN 256, REGISTRAN 24 FUNERAL DIRECTOR DHMH - 16 60M 7/73 ADDRESS (VRA 15 (4)) Wm. C. March F/H 1101 East North Avenue

3	1-	ems #18	a-22a Fi		/3/79 TO STA	HEALTH	AND ME	NTAL HYG		-01	53	2	
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15		ryland			Baltim		YES 🔀		00 Bel		e A	venue	
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9/		Richa	bre	MIDDLE	Warren		FIR	$\overset{\scriptscriptstyle{ ext{orinn}}}{orinn}\epsilon$	MID	JLE .		LAST	
4		AS DECEASED	EVER IN U.S. AF	RMED FORCES?	16b. SOCIAL SECUR	ITY NO.	17. INFORM	ANT		ADDRESS		-	_
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					e far (a), (b), and (c).)		Caro	Lyn Mo	Donald	7339	Ma	rley 1	
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BALTIMORE, MARYLAND, 21		EXAMINER'S N	NAME (	Thomas D.	Smith, M.D		ADDRESS_	111 F	enn St.	В	alto.	., MD.	
	230.BI		ION,REMOVAL	23b. DATE	23c. NAME OF C			RY 23	d. LOCATION		COUNT		
	(5	DECIEV\	rial	1/26/79					CHTORIOWN	re C			5 nate
		NERAL DIRECT	TOR				2	Sa. DATE REC'E	Baltimo D. BY REGISTRAR	256, REGIST	RAR'S SK	GNATURE	
	W	n. C.	March	F/H 1101	East No	rth A	Ve.	JAN	5 1070	0	,	1 -	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE I. DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS To BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED TO WIDOWED IS CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY W. PRESTON ST., BALTIMORE, MARYLAND 21201 University USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDECITY LIMITS? 13e. STREET ADDRESS 2301 Euras NO 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Laur 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 2260 Brookfield (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 223-20-3537 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which chronic rena gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO I Нув 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. Me 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 1/27 1111/10 22a.1 certify that (1) (this hospital) attended the deceased from\_ 19 75 sow the deceased alive an. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove. (1) (we) (did) (did nat) view the body after death. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF D FUNERAL E PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION COUNTY FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VR A 15 (4))



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	. DEC	REGISTRAR CEASED NAME OR PRINT)			.016	MIDDLE		AST	1911	20. DATE N	NOWN X	K MONTH	DAY	EAR
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3.	SEX	ale	white	Marc	h 17,	1924 6. AGE (IN Y LAST BIRTHI	DAY) MONITH	DER 1 YR. IF UNDER	R 24 HRS.	2c. DATE PRONOUN DEAD		MONTH  1		79
7	a. BIF	THPLACE (ST	ATE OR		U.S.A	AT COUNTRY?	B. MARRII WIDOW	D NEVER MARK			altim	_		Н
7		altimor			IN SUCH FAC	ITAL, NURSING HOM ILITY, GIVE STREET ADDRESS! Samaritat			FOR	JALOCCUP MOST OF WORK ineer		OF WORK	OR IN	DUSTR
	SUA					RESIDENCE BEFORE ADMISS 13c CITY OR TOWN Baltimore	ION)	13d. INSIDE CITY LIMITS? YES 🐼 NO 🗌	13e. STR	EET ADDRES	ss eathfi	eld		
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1	6a. W {YE	AS DECEASED S. NO, OR UNKNO	EVER IN U.S. A	RMED FORCE	CES?	216-14-80		Mrs Elea	nor L	Jineas	ADDRESS		Same	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled is should be detached for use as the build-transit permit. Then please remove carbonpapers. Pages 1 and 2 should by with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical examiner must

by the funeral director, page

		FOR	200427		E OF MARYLAND	I IIVAI		0150		
	1.	STATE REGISTRAR	DEPART		EALTH AND MENTA ICATE OF DEATH		REG. NO	0153	3	
7		CEASED NAME FIRST ( CORPRINT) ARIAH	4 D	Wi	ngfiel	1	20. DATE OF DEATH		YEAR -79	7 3 AM
	3. SE	Female	Black.	5 DATE C	DE BIRTH	R	AGE (IN YEARS LAST BIRTH	MONT		IF UNDER 24 HRS. HOURS MIN.
35	M	aryland	CITIZEN OF WHAT COUNTRY?	WIDOWE			Baltimore City of Baltimo	ore Ci		MD.
10	Ba	altimore	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Greater Penn	address)			20 USUAL OCCUPATION OF WORK FOR MOST OF HOUSEV	WORKING LIFE)	26. KIND OF NDUSTRY	BUSINESS OR
38	13a. S	AL RESIDENCE (IF NURSING HOME OR OT STATE 136 COUNTY		'N	13d INSIDE CITY LIM YES MO		2701 Mt.	Holly	Stre	et
300	14. FA	JOHN MD	Deshield	ls	IS MOTHER'S MAIDE	EN NAMI	MIDDLE	unk.	EAST	
1		NAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W)			Mr. Joh	nn W	ADDRES			
	NOI	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED ENTER OF PART I.	DUE TO, OR AS A CONSEQUE	ENCE OF	ELEN NOT RELATED TO THE	rel	AL DISEASE OR COND	DITION GIVEN I	30/	ANTENDERH NSET AND DEATH ARS
9	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		200. AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	G CAUSES C	GS USED OF DEATH?
9	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY	19	211 LOCATION	CCURRE	D (ENTER NATURE OF INJUR			
	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	76	CITY OR TOW	N	OUNTY	STATE
		226. SEMATURE	He body ofter death,		pegree  ATTEND PHYSIC		MEDICAL STAF			SIGNED
1		Richard F.	Tyson, M.D.		936 West	t No	orth Ave.	Balt.	Md.	21217
	23 <b>c</b> . E	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATE	ark	23d. LOCATION CITY OR TOWN Baltim			STATE
		uneral director Heartbert E. Nut	tter 3035 N.	Nort	h Ave	MAPLE	REC BBY 95 STRAR	Sh. RESISTRAR	SSICHATIV	ready

Nutter 3035 W. North Ave.

DHMH - 16 50M 7/77 (VR A 15 (4))

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TENDING PHYSICIAN The

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morked or Item 18 shows ony injury, or other troumotic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbon-papel with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

DHMH-16 20M (VRA 15, 4) 7/78 STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-01536

A		REGISTRAR				CERTIF	ICATE OF DEAT	Н	REG. N	0.	300		
		CEASED NAME	FIRST		MIDDLE		LAST			MONTH	OAY YEAR	2h. HOUR	
1	TITPE	Hinha	. Ma	ragre	+ w	inle	1/soman		January 2	20, 1	979	7 - 451	- 44
	3 SE)		1	RACE		5. DATE C			AGE IN YEARS LAST BIR		IF UNDER I YE	AR IF UNDER 24 H	
		Female		whit		7	1 1 188		93	YRS		S HOURS ME	4.
d		RTHPLACE (STATE OR F	OREIGN 7	B CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARR	IED [	BALTIMORE CITY	OR COUN	TY OF DEATH		
		ryland		USA		WIDOWE			Baltimore	City	·		MD.
1	B	altimore		Wesle	HEACHLITY GIVE STREET	address)	OR OTHER INSTITUTI		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSE COLD	OF WORKING		OF BUSINESS	OR
5	13a S	AL RESIDENCE (IF NUR: STATE Md	13b COUNT		GIVE RESIDENCE BEFORE 130 CITY OR TOW Baltimos	N	131 INSIDE CITY LI		3. STREET ADDRESS 2211 W.	Roge	rs Ave	21209	
	I4 FA	THER'S NAME		IDDLE	LAST		15 MOTHER'S MAI	DEN NAM	WIDOLE			LAST	
		Sar		. Gladd	en		Mary	7 T. S	Shrieves				
/		VAS DECEASED EVER	IN U.S. ARM			RITY NO	17 INFORMANT		ADDR	ESS			
		no	(IF IES, GIVE	WAR OR DATES!	216 091	8540	The Wesl	ey Ho	ome 2211 V	N. Ro	gers A	re. 2120	)9
		IE CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b), on	dichi					APPR BETWE	OXIMATE INTERVAL IN ONSET AND DEA	(H
1	Ш	PART I. DEATH W	VAS CAUSED IMMEDIATE		udden Sti	roke							
1		431-		DUE TO. O	R AS A CONSEQUE	ENCE OF							
1		Conditions, if ony	, which	( (b)_									
1		gave rise to imi couse (a), statu		DUE TO. O	R AS A CONSEQUE	ENCE OF							
١		underlying couse	lost	( Ic)						_			_
				_					NAL DISEASE OR CON		IVEN IN PART	llo	
	Q	Arterios	clerot.	ic card	iovascula	ar dis	sease, Hyp	perter	nsion chro	nic			
1	CERTIFICATION	19a DATE OF OPERA	TION	IN COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?	IN CERT	TES, WERE FINITIFYING CAUS	ES OF DEATH?	
2	CERT	21a. ACCIDENT WAS UN	OERLYING	21b. TIME O			21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU				_
/		OR CONTRIBUTING		H HOUR A.	M. MONTH D	AY YEAR							
	MEDICAL	21d. INJURY OCCUR		21R PLACE	OF INJURY		211 LOCATION						_
	ME	WHILE NOT W	ORK	I AT HOME, STE	REET, FACTORY, OFFICE, F	ARM, ETC }	STREET		CITY OR TO	WN	COUNTY	STATE	
1		22s I certify that (I)		ol) ottended th	e deceased from		. 19		to		. 19	_, that (I) (we)	ast
		sow the deceos	ed olive on_		19				oth occurred on the d	late and h			
1		226 SIGNATURE	did) (did not)	view the body	ofter death.		DEGREE				22c. DA	TE SIGNED	
		Val	12 C	1	2011	1	ATTEN	DING	MEDICAL STA	FF CIANI	71	20/79	
Η	4	774 PHYSICIAN'S N.	AME (TYPE OR	PRINT)			22R ADDRESS	CIANAS	DIRECTOR THIS	JIAI4 🔲	1/4	.0//3	
		Harold Bo	ah M	ח			7220 Pag	cle Uo	ights Ave.	D = 7 +	O MD	21208	
$\exists$	23a B	BURIAL CREMATION.		123b. DATE	27, 1	NAME OF C	EMETERY OR CREM		1234 LOCATION	Dait	O. MD	21200	-
	(5	SPECIFY)	REMOVAL		·		ivet Cem		CITY OR TOWN		COUNTY	mal STATE	
1	24 FL	JUNERAL DIRECTOR			79				REC'D. BY REGISTRAR	25b. REGI	ISTRAR'S SIGN	ATURE	_
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FOR

REGISTRAR

Burial

Hubbard Funeral Home, Inc.

24 FUNERAL DIRECTOR

- STATE

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YEAR

9

IF LINDER LYEAR

INDUSTRY

COUNTY

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

25a. DATE REC'D.

4107 Wilkens Ave

22c DATE SIGNED

Maryland

Lee Cap

LAST

Kirchwehn

21230

STATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

26 HOUR

HOURS

126. KIND OF BUSINESS OR

30

IF UNUER 24 HRS

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR 29 79 IF UNDER 1 YEAR 12b. KIND OF BUSINESS OR INDUSTRY DECKER 50 NOTTINGWEL 20b. IF YES, WERE FINDINGS USED 70n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO F CITY OR TOWN COUNTY STATE 22c DATE SIGNED MEDICAL BROABWAY BALTIMOREK 23d. LOCATION CITY OR TOWN COUNTY STATE 250. DATEREC D. BY RECISTIFAR 256. REGISTRAR'S SIGNATURE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE LAST I. DECEASED NAME 20 DATE OF DEATH TYPE OR PRINTI CARRIE WISE 4 RACE A. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH MONTH YEAR BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [ IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130. STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS ALTO YES T NO T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 14g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212039328 BUETT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c CARDIO-PART I. DEATH WAS CAUSED BY RESPIRATORYAX ARREST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which SEPTICEMIA gove rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. INTESTINAL. ORSTRUCTION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) IFICATION DIABETES PNEUMONIA BILATERAL 190 DATE OF OPERATION THORAX -18 - 79PNEUMOTHRAX 210 ACCIDENT WAS UNDERLYING 2Th. TIME OF INJURY TICHOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital attended the deceased from sow the decrease plive on 1-29-79 above. (I) and did idid not view the body after death. opinion death occurred on the date and haur and from the causes stated and that in (my 226. SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS CHURCH HOSPITAL CORPORATION 22d. PHYSICIAN'S NAME (TYPE OR PRINT) NAZEMT 230 BURIAL CREMATION, REMOVAL 23b, DATE 231 NAME OF CEMETERY OR CREMATORY

**ADDRESS** 

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DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

CONNEL

STATE OF MARYLAND

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C. March F/H 1101 East North Ave

FOR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/76 (VR A 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2h HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL

STATE

IF UNDER 24 HRS

1979

IF UNDER 1 YEAR

INDUSTRY

COLINITY

250 DATE REC'D. BY REGISTRAR 256. RECASTRAR'S S

22c. DATE SIGNED

DAYS

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH 26 HOUR (TYPE OR PRINT) RAYMOND (nmi) WOERNER SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR 7/17/1905 YEAR ALCONITA 73 White BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED KNEVER MARRIED U.S.A. Maryland Baltimore City WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Good Samaritan Hosp. Baltimore Buver-Salesman Wholesale PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Drugs 30 STATE 13c CITY OR JOWN 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Maryland YES X 21239 5813 The Alameda 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Peter Marv Ellen Spencer John Woerner 16b SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IYES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Josephine M. Woerner--Same as 13e 216, 10, 007 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? YES [ NO F 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) H 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death be detoched to Stote Dept. 22h SIGNATURE DEGREE 22c DATE SIGNED + ATTENDING MEDICAL with the Store DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS TO I 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Md. Baltimore 1/22/1979 Green Mount Cremation 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 (VR A 15 (4)) Walter Brooks Bradley Inc. Balto., Md.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN TX (TYPE OR PRINT) OF ESTI-Charles Wolfe William 18 79 10 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE 26 VAC PRONOUNCED 31 1952 Male. White DEAD 18 M. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE . MD . U.S.A. Baltimore City, WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)
LABORER OR INDUSTRY CONSTRUCTION Baltimore 1908 N. Rose Street USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13d INSIDE CITY LIMITS? LIMITS? 13. STREET ADDRESS NO T 1908 N. ROSE ST. 13b COUNTY 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST THOMAS WOLFE KRUSE LAURA MARTE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. THOMAS H. WOLFE 214-58-9428 NO APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Exsanguination IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which Incised wound of left antecubital vein gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES X NO [ 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 18 1979 CONTRIBUTING CAUSE OF DEATH Subject cut vein in arm 21e, PLACE OF INJURY (AT HOME. 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK home 1908 N. Rose St Baltimore Md. X 22a. I certify that I took sharge of the remains described above, held on Autopsy X Nateral causes death resulted from Undetermined manner Deputy Chief EXECUTE
PAGE 4 SHC.
TO FUNERAL DI
AFTER DEATH, V
ALTIMORE, M 1/18/79 ACTUAL DATE SIGNATURE EXAMINER'S NAME Thomas D. Smith. M.D. 111 Penn Street (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 7225 EASTERN BLVD. BA. CO. BA BURIAL 1 - 22 - 79OAK LAWN CEMETERY 250. DATE REC'D. BY REGISTRAR 256, REGISTBAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 901 S. CONKLING ST. **DHMH-17** trificy Malredu (VR A15 ME (5)) BALTO . . 21224 . MD . 30M 7/73

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - (7 (VR A15 ME (5)) 30M 7/73

## STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** 7.0

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1- STATE			ARTMENT OF				79-	015	45	
REGISTRAR  1. DECEASED NAME	FIRST		AL EXAMIN	MEK.2 CEI			KE	G. NO.		
(TYPE OR PRINT)							OF ESTI-	N K MONTH	DAY YEAR	2b. HO
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	_ N	DATE OF BIRTH	VEAR LAST BIRTHE		R 1 YR. IF UNDER		DATE	HINOM	DAY YEAR	2d HC
				rs.			DEAD	1	16 19 79	) a.
O. BIRTHPLACE (STATE FOREIGN COUNTRY)	TE OR 7b.	CITIZEN OF WHAT	COUNTRY?	. MARRIED	NEVER MARE	RIED 9. B		_	NTY OF DEATH	
China		China		WIDOWED				ltimore		
CITY OR TOWN O	F DEATH 11.	NAME OF HOSPITA			INSTITUTION		OCCUPATION OF WORKING LIFE		126 KIND OF B OR INDUS	
Baltimore		Pratt &					mstres		Eutaw	
SUAL RESIDENCE (#	IN NURSING HOME OR OT	HER INSTITUTION, GIVE RES	LOTY OR TOWN	SION	INSIDE CITY LIMITS?	13e. STREET				
Maryland	Baltim		Arbutus		ES NO			Drive,	Apt. D.	212
FATHER'S NAME		DDIE		15	MOTHER'S MAID	ENNAME				
Mang	MI	Chiu	Chan		Leung		MIDDLE		LAST Sui	20
	EVER IN U.S. ARMED	FORCES? 16	SOCIAL SECURIT	TY NO. 17.	INFORMANT		ADD	RESS	Du.	.110
No.	(IF YES, GIVE WAR	OR DATES)	218-62-1	123	Sing C.	Was /	400 A1	an Dad	Ant	D
	DEATH (Enter anly or	e couse per line for (		423	STHE C.	WOD, 4	409 AI	all Dri	APPROXIMA BETWEEN ONS	TE INTERV
PARTIDEA	TH WAS CAUSED BY		wning							
cause (a) st lying cause	ta immediate toting the under- last.	(c)	CONSEQUENCE							
	ILICAMI COMPILIDAS COMI	KIBUTING TO DEATH BUT N	DI KELATED ID INE TERJ	MINAL DISEASE DR	CONDITION GIVEN IN P	ART 1 (a).				
19a. DATE OF O  21a EXTERNAL  UNDERLYING 20NTRIBUTING 21URILIVI JURY OC  WHILE  WHILE	PERATION	196. CONDITION	FOR WHICH OPE	RATION WAS	PERFORMED?				20. AUTOPS	(?
E C									YESXX	NO
210 EXTERNAL		21b. TIME OF INJ		21c. HOW	INJURY OCCURR	ED (ENTER NATUR	E OF INJURY IN IT	TEM 18 PART 1 OR P		- 110
UNDERLYING	OR CAUSE OF DEAT	HOUR A.M. MC	1 16 19 7	1	into ope	n manh	10			
21d. INJURY OC		21e. PLACE OF IN	JURY (AT HOME.	21f. LOCA	ION					
WHILE AT WORK	NOT WHILE	STREET, FACTORY, I		STREE	&Eutaw S		alto	C	OUNTY	STA M
		stree		Pract			arto.,			17.
	that I took charge of			Autopsy	XX Inspection	on L., Ir	nquiry .	and in my c	pinion	
death resulted	fram: Natural co	ouses L. Acc	ident XX Su	uicide	Hamicide	Undetermin	ned monner	,		
ACTUAL SIGNATURE	Olivai	nia La	ton Dr	) M.D.	Assistan	t MEDICAL	EXAMINER	DATE	1/16	/79
EXAMINER'S NA	ME Virginia	L. Dolan	M.D.	ADI	DRESS_ 111	Penn S				201
30. BURIAL, CREMATIC	ON, REMOVAL 23b. D	ATE	23c. NAME OF CE	METERY OR C	REMATORY	23d. LOCAT	ION		UNTY	TATE
Burial	0:	1-20-79	Loudon	Park Co	emetery		imore		Mary1	
24. FUNERAL DIRECTO	OR	ADDRESS		2122	250. DATE	REC'D. BY REC		REGISTRAR'S	SIGNATURE	
Hubbard F	uneral Hor		107 Wilk	ens Av	JA	NI 9 10	979	tinta.	Ann	

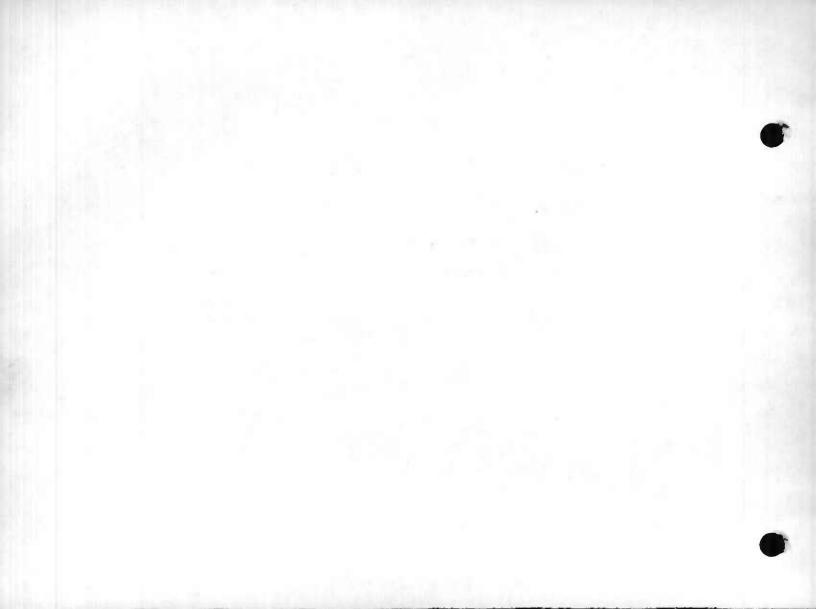
NAME: Joan M. Wood

DATE OF DEATH: January 28, 1979

PLACE OF DEATH: Baltimore City

SEE: #79-04232

February, 1979 Baltimore City



						STAT	E OF M	ARYLAN	ND						
		OR TATE			DEPART	MENT OF H	EALTH .	AND M	ENTAL	HYGIENI	E	7.0	0.1	242	
Н		EGISTRAR		٨	MEDICAL	EXAMINE	R'S CI	ERTIFIC	CATE	OF DEA	TH	REG. NO	UI	340	
T		EASED NAME	FIRST		MIDDLE		U	AST		7	o. DATE	KNOWINCK	HINOM	DAY YEAR	26. HOUR
١	{TYPE	OR PRINT)	Roh	pert	L.		Woo	ā			OF DEATH	MATED [	1	2,,79	
3	SEX		4 RACE	5 DATE OF BIR		6. AGE (IN YEAR		ER 1 YR.	IF UNDER	2 24 HRS	2c. DATE		MONTH	DAY YEAR	2d. HOUR
	ma]		white	MONTH D	AY YEAR	LAST BIRTHDAY	) MONTHS		HOURS		PRONOUN	ICED	7	2 70	8:05 a. M
L				May 23		52 YRS	5.				DEAD		T	2 1979	а. м
1	FOR	THPLACE (STA		76 CITIZEN OF	WHAT COUN	ITRY?	MARRIE	D NE	VER MARR	RIED 🔀		-	_	TY OF DEATH	
		st Vir		U.S	.A.		WIDOWE		DIVOR	CED D		altimo			MD.
٤.		YORTOWN		11. NAME OF	HOSPITAL, NU	RSING HOME,	OR OTHE	RINSTITU	TION	12a. USU	AL OCCUP	PATION (TYPE	E OF WORK	12b. KIND OF BI OR INDUST	JSINESS
l	Ba]	timore		John	s Hopki	ns Hosp	pital			Fis	her E	Body		Automob	
			IF IN NURSING HOME				N)			_			rel I	Delivery	
ľ	3a ST		n/a	NIY		timore	1	YES DE	NO [						
F	_	TYLAND	1 11/8		Dal	cimore			ER'S MAID		n_Pos	C UII	ice,	Fayette	St.
1	7. TA	FIRST		MIDDLE		LAST	114	F	HRST	FIA JAWWE	M	IDDLE		LAST	
-	1	Russel	EVER IN U.S. AR	Guy		ood	NO	Mac 7. INFOR		-41		ADDRESS		Shue	
ľ	Q (YES	S, NO, OR UNKNOW	MN) (IF YES, GIVE	WAR OR DATES								McCo:	rmick	s St.	
	Ye	S	I WW I	I	227-	24-0249	,	Made	ge Shi	ue Wo	oa	Clif	ton F		a.
Г		18. CAUSE OF	DEATH (Enter or ATH WAS CAUSE	nly one cause per	line far (a), (b	), pnd (c).)				Maria				APPROXIMAT BETWEEN ONSE	E INTERVAL
ı	7	PARTIDEA		TE CAUSE (a)	Head i	njury									
ı	7	814	7		OR AS A CON	NSEQUENCE O	F								
1			s, if any, which												
ı		cause (a)	stating the under-		OR AS A CON	SEQUENCE OF	F								
П		lying caus	se last.											4000	
ı		PART 2 OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING TO O	ATH BUT NOT RELA	TED TO THE TERMIN	A DISCASC IA	P CONDITIO	N CIVEN IN PA	APT 1 (m)					
١						THE TERMIN	inc brack of		A GIVEN IN 1 A	TRE 1 1447.					
1	Ĕ	19a. DATE OF	OPERATION	196.CO	NDITION FOR	WHICH OPERA	TION WA	S PERFOR	MED?					I20 AUTOPSY	?
1	FIC														NO XX
1	CERTIFICATION	71a EXTERNAL	L CAUSE WAS	216. TJAA	E OF INJURY		IZIC HOY	W IN HIDV	OCCUPPE	ED JENTERN	ATLIRE OF INI	URY IN ITEM 18 I	PART 1 OR PA	YES	NO LALA
	- 8	UNDERLYING	XX.	HOUR:	MONTH										
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	MED	21d. INJURY O	NOT WHILE IT		CE OF INJURY FACTORY, FARM, E		STR				CITY OR TOV	WN	co	YTAU	STATE
1		AT WORK	NOT WHILE E	S	treet		B 600	B1kPu	ılask:	iAveN	earCo	nklin	gSt.	Balto	MD
			y that I taak char	ne of the remains	described abo	ive held an	Autapsy		Inspectio		Inquiry		d in my pp		
		death resulte						Hamie			rmined mo		my Dp	ennell	
		death resulte	d fram: Natu	Tul goves	Accident	LXX Suic	ide L.J.,				rininea mo	inner [			
1		ACTUAL	7	MA	1/ 80			ASSI	PECIFY)	t			DATE	1/2/	79
1		SIGNATURE_		10	uno		M.C	)		MEDI	CALEXAM	INER	SIGNE	ED	
1		EXAMINER'S N	NAME TT-	T. T.	0	26.2									
L		TYPE OR PRIN	IT) HO	rmez R.		M.D.						t, Ba	Ito, M	1D 21201	
2	(SP	ECIFY)	ION,REMOVAL			NAME OF CEM				CITY C	CATION	D. E.	cou		TATE
L	F	Burial		Jan. 6,	1979 H	Cemete	pt1s	t Chi	arch	Ba	th Co	unty,	Virg	ginia	
1	74. FU	NERAL DIRECT	Davia	ld, S	ascer 1				25a. DATE	JAN 8	REGISTRA	R- 256. REGI	STRAR'S	SIGNATURE	ody
		Capito	1 Funers	I Servi	ce Fa	irfax,	Va.			UMIY (	) 10		1		1

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	1.	FOR - STATE REGISTRAR		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 70	-015	47	
20 a		CEASED NAME FIRST POU	1.	50050		AST	20. DATE OF DEATH	1 21	YEAR 2b	738 M
ge 4 md	3. SE	×	4. RACE		S. DATE C	BIRTH TEAT	6 AGE (IN YEARS LAST BIRTH	MONTHS  YRS.		UNDER 24 HRS
death. Pa	7a. B	RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DE	ATH	MD
offer of the fu	B	or town of DEATH		H FACILITY, GIVE STREET	ADDRESS)	rother institution	128 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF		KIND OF B USTRY	BUSINESS OR
filled in nauld be	13a :	AL RESIDENCE (IF NURSING HOME OR STATE 131 COUN	OTHER INSTITUTION,	GIVE RESIDENCE BEFOR 13( CITY OR TOW		134 INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS			
uted within completely 1 and 2 sh	14 F/	ATHER'S NAME FIRST A	AIDDLE	LAST		Novella	MIDDLE	v d80	LAST	
be execut on and co		WAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE	WED FORCES? WAR OR DATES)	166 SOCIAL SECL	IRITY NO.	17. INFORMANT	ADDRE!	SS		
DIVISION OF VITAL RECOXDS, 301 W. PRESTON S1., BALLIMORE, MAKTLAND 7.120  NG PHYSICIAN: The law requires that the death certificate be executed within 24 haurs attending physician.  Ifter this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal.  The analysis of the strength of the property	NO.	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT C	(b)	R AS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERMIN	NAL DISEASE OR COND	ITION GIVEN IN P	ART 1(a)	
has been permit. I see prior	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE IN CERTIFYING C	AUSES OF	S USED F DEATH?
PHYSICIAN: The ending physician this certificate he burial-transit fad Mentol Hygiet dar teem 18 show	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.I	M, MONTH D. M. OF INJURY	19	216 HOW INJURY OCCURRE		(IN ITEM 18, PART 1 OR I	PART 2)	STATE
A e do E	W	WHILE NOT WHILE AT WORK  22a.1 certify that (I) (this hospit		e deceased from_	FARM, ETC.)	1179, 19	to 110	19_7	C	at (I) (we) last
by the hospital by the hospital by the hospital ERAL DIRECTOR, a detached for v of He ANT: if them 21 is		sow the deceosed alive an above, (I) (we) (did) (did not 27b. SIGNAFURE	view the body	ofter death.		d that in (My) (our) opinion d DEGREE ATTENDING PHYSICIAN	eath accurred an the da  MEDICAL STAF DIRECTOR PHYSIC	220 F	c. DATE SK	
HOS/ bined FUN build b		224 PHYSICIAN'S NAME (TYPE OF	PRINT)	nd		22e. ADDRESS 22 5,	Greene	Str	-ee-	+
P		BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	236. DATE 1/25/7		NAME OF C	EMETERY OR CREMATORY	236. 1 OCATION CITY OR TOWN	COUNTY		STATE
DHMH - 16 25M (VR A 15 (4) ) 9/74		UNERAL DIRECTOR NAME Anatomy Board 65	55 W Ra	ADDRESS	Ral+	JAN	26 1979	Sh REGISTRAR'S	SIGNATUR CLAS	RE

Ł			1-	FOR STATE REGISTRAR		ARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYC CATE OF DEATH	REG. NO		8
	e 3 oth			CEASED NAME FIRST WOOD	MIDDLE R	Boy (B	51	20 DATE OF DEATH	1-21-79	26 HOUR 3 45 PM
	ector, pog		3 SE		1 RACE NEGRO	5. DATE O	F BIRTH  DAY  YEAR  79	6. AGE (IN YEARS LAST BIRTH	YRS MONTHS DA	3 25
	funeral dir funeral dir	T Conce		RTHPLACE (STATE OR FOREIGN DUNTRY) HARYLAND	76 CITIZEN OF WHAT COUN	MARRIED WIDOWEI	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF	TIMORE C	ITY MD.
-	s ofter de by the fun illed within	Selified &	10 C	BALTIHORES	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE		R OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 12b. KINI WORKING LIFE) INDUST	D OF BUSINESS OR
4D 2120	24 hours filled in b	ed ish	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE	TOWN A	134 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	NA	
AARYLAI	uted within campletely I and 2 sho	Skaminer.	14. EA	NOT GIVE	MIDDLE LAS	ST .	15. MOTHER'S MAIDEN NA	AME MIDDLE	WOODSO	LAST
MORE, A	e execute	medicol 9		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL E WAR OR DATES)	SECURITY NO.	17. INFORMANT MOTHER	S CHART	07 0 10 .0	CHROEDER ST
r., BALTI	physicial physicial npapers.	mavol.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	D BY:	b), and (c).)	CARDIO RESI	DIRATORY EX	FORTS	ROXIMATE INTERVAL EEN ONSET AND DEATH
W. PRESTON ST	that the death cer d by the attending ease remave carba	cremotian, ar re ither traumotic e		Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.	DUE TO, OR AS A CONS	eme +	Prematuris	4	31	nouns 25 min
105, 301	gne gne en pl	ta burial, njury, ar c	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CONE	DITION GIVEN IN PART	1(0)
A RECORDS,	on. In hos been permit.	aws any ii	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	VHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUSE YES	
OF VITA	SICIAN: The physicic certificate urial-transit	Mental Hygin		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	Y-IN ITEM 18, PART 1 OR PART	2)
DIVISION OF VITAL	attending attending ser this ce	alth and Mei marked ar Ih	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	1.	211. LOCATION STREET	N/A CITY OR TOW	N COUNTY	STATE
٥	ATTENDIN aspital or CTOR: Af-	of He 21 is		229.1 certify that (I) (this hasp sow the deceased glive or above N) (we) (did) (and	ot) view the body after death.		d that in (my) (our) opinion	, to, death occurred on the de	ite and hour and from	the couses stated
•	OR be he oche	Je Dept.		226. SIGNATURE	". Boncan T	m.D.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F / 1	1/21/79
	o HOSPITAL etained by the TO FUNERAL should be detailed	with the Stat		DR. HEN	ORPRINT) RY BOWEN,	M.D.	20 5. E	TO HOSPITA	1 - PREM 21201	11E NURSERY
100	BP_BP	3 ₹	23a.	BURIAL, CREMATION, REMOVAL SPECIFY) Removal	1/25/79	23¢ NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
C	DHMH - 16 2	25M 5 (4) ) 9/74		UNERAL DIRECTOR NAME 1atomy Board 65	ADDR		JAÎ	TE REC'D. BY REGISTRAR 26 1979	256 REGISTRAR'S SIGN	MATURE
										7 /

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR STATE REGISTRAR		DEF			ATE OF DEATH	GIENE	REG NO	9-0	1545	9
		CEASED NAME FI	est nd	Wilber	Ţ	ias I Cook	enden, Sr.	20 DATE	OF DEATH A	1- /3	- 79	26. HOUR 4/19/
	3. SE		4 RAC			DATE OF		6 AGE	IN YEARS LAST BIRTH	DAY) IF	UNDER I YEAR	IF UNDER 24 HRS
A	-	Ma1e	W	hite		10	19 1915	63	3 vears	YRS. MO	NTHS DAYS	HOURS MIN
800		RTHPLACE ISTATE OR FOREK	ON 76 CIT	IZEN OF WHAT COUN	NTRY?		NEVER MARRIED		MORE CITY OF		FDEATH	
5		Maryland	U	.S.A.		MARRIED IDOWED		ВА	LTIMOR	E CIT	Y	MD.
		BALTIMORE		AME OF HOSPITAL, N NOT IN SUCH FACILITY, GIVE ST AGNES	URSING H	HOME OR	OTHER INSTITUTION	(TYPE OF V	ALOCCUPATION OF Lder		12b. KIND C INDUSTRY	OF BUSINESS OR
e P	USU.	AL RESIDENCE (IF NURSING	HOME OR OTHER I	NSTITUTION, GIVE RESIDENCE			IL INSIDE CITY LIMITS?	Liza STRE	ET ADDRESS			
E /			ALTIMO		IMORI		res \ NO \		L6 McDov	7011 T	ene 2	1997
ine	14. F/	ATHER'S NAME	MIDDLE		LAND		MOTHER'S MAIDEN NA	ME			,	
5/ exon		Edmond	W.	Woo1fe	nden		Lorretta		MIDDLE	1	Lange	л
dicol		VAS DECEASED EVER IN L	J.S. ARMED FO		SECURIT	Y NO I	INFORMANT		ADDRES			d.21227
a gen		Yes	WWII	213-0	3-713	32	Anna C. Woo	1fend	len, 381			
		IL CAUSE OF DEATH (E	nter only one	couse per ling for (o), I	b, and ic	1.1			VI.			MATE INTERVAL ONSET AND DEATH
D.		PART I. DEATH WAS	CAUSED 8Y MEDIATE CAU	ISE (0) COM	work	ulny	mary a	nes	1		11/	2 hrs
040		410-			EOUENE	E OF	0 1 = 1	1 -	, ,			
Ě		Conditions, if ony, wi		(b) Apol	all	m	yourdial	ins	arch	01		
			41	UE TO, OR AS A CON	SEQUENC	E OF	0	0				
io 'A' o	Z	PART 2 OTHER SIGNIFIC	CANT CONDI	JIONS CONTRIBUTING	G TO DEA	TH BUT N	OT RELATED TO THE TERM	AIN AL DISE	ASE OF COND	ITION GIVE	IN PART 10	toutien
<u>-</u>	CERTIFICATION	190 DATE OF OPERATION	V III	CONDITION FOR	/HICH OP	FRATION	NAS PEREORMED	200 A	UTOPSY?	206 JE YES V	WERE FINDIN	NGS LISED
2	IFIC						Variation	1		IN CERTIFY	NG CAUSES	OF DEATH?
3	ERT	710. ACCIDENT WAS UNDERLY	/ING 7 21	b. TIME OF INJURY			Ic HOW INJURY OCCUR	RED LENTE		YES		NO 🗌
E 4	_	OR CONTRIBUTING CAUS	E OF DEATH	HOUR A.M. MONTH	H DAY	YEAR		1120 (21-12)				
/	MEDICAL	(IF EITHER, NOTIFY MEDICALEX		P.M.  PLACE OF INJURY	-	19	II LOCATION					
D .	ME	WHILE ON NOT WHILE AT WORK		IT HOME, STREET, FACTORY, C	OFFICE, FARM.		STREET		CITY OR TOWN	4	COUNTY	STATE
S T		220.1 certify that (I) (thi		tended the deceased (	rom			, to		. 19		that (I) (we) lost
2 5		sow the deceased a obove, (I) (we) I did)	ldid not) view	the body ofter death.	_19	, ond	that in (my) (our) opinion	deoth occu	rred on the dot	le and hour o	nd from the	couses stated
		276. SIGNATURE	Lea	alac Jin	w	U	ATTENDING PHYSICIAN [	MEDIC	AL STAFF		22c DATE	13-79
Z /		22d. PMYSICIAN'S NAME	TYPE OR PRINT	To the total		1	2. ADDRESS	_ DIRECT	OK FITTSICE	ATT AU		
1		JORGE C.	SECAD	A- LOVIO,	MID		ST. AGUES ,	AzoH.	900	CATON	) AVE.	DALT., M
<b>S</b>	230 E	BURIAL, CREMATION, REA	AOVAL 23b.	DATE	23c NAM	AE OF CEA	ETERY OR CREMATORY	23d. LC	OCATION TY OR TOWN	cc	YTMUC	STATE
-		Buria1	1	/16/79			idge Mem.Pk.	Ho	oward Co	ounty,	Ma	ryland
POM .	24. FI	UNERAL DIRECTOR		ADDRE	ss Ba	lto.	Md.2122 50 DA	TAN 9	Y REGISTRAR 2	March 1	1 3	
7/78		Hubbard Fu	mera1	Home, Inc.	4107	Will	ens Ave	1	ט וטוט	are	Trail	Clredy

151.52

## (TYPE OR PRINT) GLORIA M WUESTNER 3 SEX 4 RACE 5. DATE OF BIRTH MONTH Female White October 13,1920 78. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRY MARRIED NEVER MARRIED Maryland U. S. A. WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 3718 Bayonne Avenue Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13d INSIDE CITY LIMITS? YES T Maryland 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Nettie MIDDLE Green Edward 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-01-3749 No 18 CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditians, if any, which gave rise to immediate couse 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? or Hem 18 shaws Mental Hygi 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ō (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE 220.1 certify that (1) (this haspital) atter saw the deceased alive or and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did no 22h. SIGNATURE DEGREE ATTENDING STAFF TO FUNERAL E should be deton with the State D DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS William F. Renner, M.D. 3225 St. Paul Street 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE BP Burial

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-01550

2b HOUR

January 18, 1979

20 DATE OF DEATH

IF UNDER 24 HRS

6 AGE (IN YEARS LAST BIRTHDAY)

DAYS

9. BALTIMORE CITY OR COUNTY OF DEATH

Baltimore City

126 KIND OF BUSINESS OR

(TYPE OF WORK FOR WOST OF WORLD LINE) OF THE STRY

13e STREET 80 Bayonne Ave

Crestbach

Mrs Joyce C McGarvey 4337 Holbrook Rd

heart clisoss

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

NO [

COUNTY STATE

Baltimore, Maryland REGISTRAR 256. ROSTSTASSES, SUSTEEN SEEDING

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR

FOR

- STATE

REGISTRAR DECEASED NAME

Leonard J. Ruck, Inc. 5305 Harford Rd. Balto: Md.

Parkwood

STATE OF MARYLAND

79-01551	AND THE RESERVE OF THE PARTY OF	
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12 8 1879 E 3 26 place -	Tarenage To Tare 10 to 1	Minor Pord

Taking the Silver nava to the many that the life

o willy Funeral Home, 130 Fort Ave. Balto. Nd.

FOR

- STATE

(SPECIEY

24. FUNERAL DIRECTOR

BP

DHMH - 16 25M

(VR A 15 (4) ) 9/74

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2a DATE OF DEATH MONTH

2b. HOUR

126 KIND OF BUSINESSYOR

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH

NO I

STATE

IF UNDER 1 YEAR

INDUSTRY

YES X

COUNTY

o. I aruland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

DAYS

IF UNDER 24 HRS

LAST

Jaklaun

emeteru

## DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

should be detached for use as the burial-transit permit. Then please remove carbandage with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If them 21 is

DHMH - 16 50M 7/77 (VR A 15 (4))

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-01554

1 - STA REG	IE ISTRAR			DEI ART	CERTIF	CATE OF DEATH	REG. N	- U	1334	
1 DECEASI	D NAME	FIRST		MIDDLE	U	ST	2e DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
		HERI	BERT	M	YOU	IG		/	9 1979	4 6
3 SEX			4 RACE		S. DATE O	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIR	RTHDAY)	MONTHS DAYS	# UNDER 24 HRS
Mal	Э		Cauca	sian	Aug	41 4001	74	YRS		, , , , , , , , , , , , , , , , , , ,
To: BIRTHPL	ACE STATE ORF	OREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8.	X NEVER MARRIED	9. BALTIMORE CITY	OR COUN	TY OF DEATH	
Mar	land		U.S.A		WIDOWE		BALTIMORE	CIT	Y	A
	TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSI	NG HOME O	ROTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS O
DATT	TMORE	9700		CH FACILITY, GIVE STREE		SPITAL	Food Car			f-Emp
WSUAL RES		SING HOME OR	OTHER INSTITUTION	, GIVE RESIDENCE BEFO	RE ADMISSION)		A STATE OF THE PARTY		201 061	<u>J-Millo</u>
Mars	land	136 COUN	TY	Baltim		134 INSIDE CITY LIMITS?	4416 Sha		0 i A 110	21206
14 FATHER			•	IDaltim	ore	IS MOTHER'S MAIDEN NA		TIII. T	C.J. AVE.	ZIZUO
6	FIRST		AIDOLE	LAST		FIRST	WIDDLE		LAS	ST
	John W			166 SOCIAL SEC	UNITY NO	Margare	et Tanner	FCC		
(YES, NO	OR UNKNOWN)		WAR OR DATES)							SUBLE
No		-	•	212-10	-6973	Margaret L.	Young(wit	e)sr	nae as	13
18 C	AUSE OF DEAT	H (Enter on	y one couse pe	r line for (0), (b), 0	nd (gr)				BETWEEN	MATE INTERVAL ONSET AND DEATH
	AKI I. DEATH W		E CAUSE (o)	ASUST	A ( C _					
1	410-		DUE TO C	R AS A CONSEOL	JENCE OF	n. ^ /				
Cor	ditions, if ony	, which	( (b)	Severa	pula Ca	edial dama	or 214	MI		
901	re rise to imi	mediote	DUETO	DAS A CONSTO		· ·	ST DESCRIPTION OF	HITTO I		
	erlying couse		DUE TO, C	RAS A CONSEOU		dona				
PAR	2 OTHER SIGN	NIFICANT (	ONDITIONS C			NOT RELATED TO THE TERM	INAL DISEASE OR CON	ADITION C	IVEN IN PART TO	n)
					1000					416
CERTIFICATION 518"	ATE OF OPERA	TION	19b. COND	ITION FOR WHIC	H OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF Y	ES, WERE FINDIN	NGS USED
띮							YES TI NOT		TIFYING CAUSES	OF DEATH?
- E 21a	ACCIDENT WAS UN	DERLYING T	21b. TIME C	OF IN ILIRY		21c HOW INJURY OCCUR				140
00.0	ONTRIBUTING	-	1 110110 1	M. MONTH	DAY YEAR	Jan Barran	terren salient of half		-,	
U (IF E	THER, NOTIFY MEDIC			.M,	19					
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22a.	certify that (1)	(this hospi	el) ottended th	he deceased from	20	1/4 19 79		179		that (I) (viii) la
	ow the deceas			ofter depth.	/4, on	d that in (my) ( opinion	death occurred on the o	date and h	our and from the	couses stated
	SIGNATURE	/	5// -	7	//	EGREE	M. State Comments of the Comme		22c. DATE	SIGNED
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	V					COLUMN TO SERVICE				
			T	100	ilius of s		23d LOCATION			
Bur Buria	L, CREMATION,	REMOVAL	236 DATE			EMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE
			1/13			rl Luth.	Baltir			Md
Hye.	LANGHER.	Fun	eral	3.3.3.1	Breh	ms Lane 25	REC'D BY REGISTRAL	256. REQ	STRAR'S SIGNAT	
Hom	e.Inc.			Balt	o.Md.	21213	- T 1913		7	//

263

S. Conkling

FOR

NAME

Zannino Funeral Home.

(VR A 15 (4) ) 9/74

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

HOURS.

IN KIND OF BUSINESS OR

NO [

STATE

8:15A IF UNDER 24 HRS

1979

IF UNDER 1 YEAR

Gofreda

YES T

COUNTY

COUNTY

22c. DATE SIGNED

intre Malren

			CEASED NAME	FIRST		MIDDLE		LAST		20 D	ATE KNOW	N X MONTH	DAY	YEAR	2b. HOU!
	SE.	(TYP	E OR PRINT)	MARTH	A	М.	ZA	KAS			OF ESTI-		21	1,79	,
		3. SE)	4	RACE	S DATE OF BIRTH	YEAR LAST BIR		DER 1 YR.	IF UNDER 24		DATE	HINOM	DAY	YEAR	1:20
	( Z 3/2)	f	emale	white	Unavail	able 94	11160111	HS. DAYS	HOURS A		DEAD	1	21	1979	1:20
	5		RTHPLACE (STA	ATE OR	76. CITIZEN OF W	HAT COUNTRY?	8. MARR	IED (X) NEV	ER MARRIED	9 BA	LTIMORE CI	TY OR COU	ITY OF	DEATH	
	WIN FOR		THUANIA	A	LITHU	ANIA	WIDOW		DIVORCED		Baltim	ore Ci	tv		M
	THE PINED, W.	10. C1	TY OR TOWN C	OF DEATH	II. NAME OF HOS	SPITAL, NURSING HO		ER INSTITUT	ION I	20 USUAL O		TYPE OF WORK	12b KI	IND OF BU	
	100 W : 1		Baltim	ore		gnes Hosp				TAIL				DELI	
_	00000	USUA 13a. S	L RESIDENCE (	F IN NURSING HOME O	ROTHER INSTITUTION, G	13c. CITY OR TOW	ISSION)	13d INSIDE CIT	v marca la	3e STREET A	DDBECC			TAIL	ORS
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D. 2	PM 3. ND 2 SI V. Z.	14. FA	THER'S NAME		WIDDLE	LAST		15 MOTHE	R'S MAIDEN		WIDDIE			LAST	
m,			riksi	UI	NKNOWN			7.10	000 000	- ui	nknown			LAST	
AOR	~ 22 _ 2	160. V	AS DECEASED	EVER IN U.S. ARA		166. SOCIAL SECU	RITY NO.	17 INFORM	ANT		ADD	RESS		2120	08
BALTIMORE,	URS AFTER		NO	(11-125, 3142	WAR OR DATES	217-01-8	3802	EDWA	RD J.	ZAKAS	. 105	CLAREN	DON		
BA	8. 8 8. G VII		18 CAUSE OF	DEATH (Enter an	y ane cause per line	far (a), (b), and (c).)								PPROXIMATE WEEN ONSET	
TS Z	ENE,		PARTIDEA	ATH WAS CAUSED	E CAUSE (a)	cute subdi	ural h	emorrh	age				0211	N EET O O O O O	AIND DEATH
PRESTON	AL ALC	>	888		DUE TO, OR	AS A CONSEQUENCE	CE OF				1000		9	14.19	
PRE	D WITHIN ENCIL IN AMINER A TRANSIT ENTAL HY			s, if any, which	(b)										
		-	cause (a) s lying cause	stating the <u>under-</u>	DUE TO, OR	AS A CONSEQUENCE	CE OF								
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DIVISION OF VITAL RECORDS, 301 W.			PART 2 OTHER SIGN	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE I	TERMINAL DISEAS	E DR CONDITION	GIVEN IN PART I	(a),					Tit
0	MEDING MEDING AS A ALTH A	CERTIFICATION						Sec. Land							
AL R	OULD SEED SEED SEED SEED SEED SEED SEED SE	CAI	190. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH O	PERATION W	AS PERFORA	AED?				20. A	AUTOPSY?	
VII	ORD ORD ORD CHII CHII OF	RTIF		6.11061111										YES 🗌	NO K
Q	CERTIFICATE S RITING THE WOI RDED TO THE C E 3 SHOULD BE E DEPARTMENT RRICK TO BURIT		210. EXTERNAL UNDERLYING		11b. TIME OF	MONTH DAY Y	EAR		OCCURRED	ENTER NATURE	OF INJURY IN ITE	M 18 PART 1 OR	'ART 2)		
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N N	S DE LINE	WED	21d. INJURY OF		STREET, FAC	OF INJURY (AT HOME TORY, FARM, ETC.) LOME	43	CATION	kens A	CITY	OR TOWN		OUNTY		Md.
	R: THIS CER TE, WRITIN DRWARDED S: PAGE 3 STATE DEF 21201 PRIC		AT WORK	AT WORK	x n	ome	43	OP MIT			RaTto.				Md.
	2 2		22a. I certify	that I took charg	e af the remains de	scribed above, held a	n Autop	sy .	Inspection	X, Inc	juiry .	and in my	pinion		
	L EXAMINER: E CERTIFICATE OULD BE FOR IL DIRECTOR: H, WITH THE S MARYLAND, 2		death resulted	d fram: Natur	al causes,	Accident X	Suicide	, Hamici	de .	Undetermine	ed manner [				
	CERT CERT JID DIRE WIT ARY		ACTUAL	1	MA	a strange		TITLE (SP							
	THE SHOULD ATH,		SIGNATURE_		14.8	1000	M	.D. Assi	stant	_MEDICAL E	XAMINER	SIGN	IED 1-	21-79	9
	PEDIC DE, DE,	d	EXAMINER'S N	NAME /	nn M. Dix	on M D			777	Danie	a.l.				
	TO MEDICAL EXAMI EXECUTE THE CERTIF TO FUNERAL DIRECT AFTER DEATH, WITH BALTIMORE, MARYLA	00.00	(TYPE OR PRIN	T)A				ADDRESS		Penn :					
		230.B	PECIFY)	ION, REMOVAL 2		23c. NAME OF			RY	23d. LOCATION	ON TO TO		UNTY	DSZT A1	ATE
	BP	24 FI	BURIAL UNERAL DIRECT	OR	01-24-79	LOUDOR	PARK		ERY So. DATE REC		MORE C			RYLAI	עא
	DHMH - 17 (VR A15 ME (5))		NAME		ADDRESS				JAN 2	2 197	9		- COMAI	ONL	4
	30M 7/73	H	DDDAKD I	TUNEKAL I	TINC	. 4107 WII	TVENO 1	AVE.	O1 111 10					1 430	r.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

within 24 hours ofter

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-01557

1	FOR STAT REGI	E STRAR			DEPA		EALTH AND MENTAL HYG	79-	0155	7	
1.7	DECEASE	DNAME	FIRST		MIDDLE	ı	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(1	TYPE OR PRIN	0	MARY		ATA CT	7.01	inski	/	- 13-	.49	410
1	SEX			RACE	NMI	5 DATE C		6. AGE (IN YEARS LAST BE	RTHDAY1 I IF I	UNDER I YEAR	IF UNDER 24
3.	SEA	-	30.00	CA	, ,	MONTH	DAY YEAR	A d		THS DAYS	HOURS /
55		-				10	14,1900	18	YRS		
21	COUNTRY)	ACE STATE OR F	OREIGN 71	L CITIZEN OF	WHAT COUNT	RY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	FDEATH	
201	MARY	ILAND		4.5.	4.	WIDOWE	DIVORCED	DALTI.	MORE	ZITY	
1/10	CITYOR	TOWN OF DE	ATH 1		HOSPITAL, NUI		OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST		126. KIND O	F BUSINES
100	BALT	INORE	City	57	DENE.	5 Has	PITAL	HOUSEW	1	NON	IE
5 13	SUAL RESI	DENCE (IF NUR	SING HOME OR O	THER INSTITUTION	GIVE RESIDENCE BE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	,		
56	17	)	Balti		Arbut		YES' NOXX	1008 6	EECHF	IELD	
2 14	FATHER'S					40	15 MOTHER'S MAIDEN NA	ME			
30	1	FIRST		DDLE	Puceta		m no. 1	MIDDLE	Каз	raskew	ritch
	g WAS DI	CEASED EVER		ED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDI	RESS 21229	Labitan	10011
160		OR UNKNOWN)		VAR OR DATES)	Yes and		W 77 - 1 77 7				
1		10				0-7649	Mr. Emil Zel	inski,Jr.	4419 Hi		
	18 CA	RT I. DEATH V	H Enter only	one couse pe	r line for (o), (b)	TRIC				BETWEEN	MATE INTERVA
2	PART	2. OTHER SIG		ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COM	ndition Given	IN PART 110	) 1
- 2 G	190 D	ATE OF OPERA	TIÓN	196 CONE	DITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WIN CERTIFYIN	VERE FINDING CAUSES	IGS USED OF DEATH
6	21a. A	CCIDENT WAS UN	DERLYING	21b. TIME C			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18, PART	I OR PART 2)	
	0000	INTRIBUTING [									
MEDICAL	214 1	HER, NOTIFY MEDIC			.M. OF INJURY	19	211, LOCATION				
A	WHILE AT WOI		/HILE CORK		REET, FACTORY, OFF	FICE, FARM, ETC.)	STREET	CITY OR TO	NWN	COUNTY	STAT
	22a.1	certify that (I	(this hospita	l) ottended ti	ne deceased fro	om	ler 197	9, to 15	Jan 19.	77	that (1) (we
22	sc	w the deceas	ed olive on_	1 5 6	= -	7 ~	nd that in (my) (our) apinion	death occurred on the	date and hour a	nd from the	couses state
		bove, (1) (we) (	did) (did not)	view the body	after death.		DEGREE			122c. DATE	SIGNED
		4	1,0	An			ATTENDING	MEDICAL ST	AFF	155	13.
		HYSICIANIS N	AME (TYPE OR	POINT			PHYSICIAN [				10-
	224 D		TIVIL LITTE UR!				( 2 mm 11	+ WILKIA	US AUG		
	22d. P		d'AR	CANG	-057		CHIOR				
7	30. BURIAL (SPECIFY)	C -		23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	co	YTAUC	STATE
7	30. BURIAL (SPECIFY)	C					L .	123d. LOCATION	co	Mary	·la:

7.	1	FOR STATE REGISTRAR	v.e	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	-01558
y be age 3 deoth	1. DI	ECEASED NAME AFIRST		ZentGRAF	20 DATE OF DEATH MONTH	4 79 EQM
oge 4 may be redor, page 3 os after death	3. SI	Fem.	4 RACE	5. DATE OF BIRTH  MONTH DAY YEAR  7  7  7	6 AGE (IN YEARS LAST BIRTHDAY)  74 YRS.	FUNDER I YEAR IF UNDER 24 HRS
death. Pag	5	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	9 Baltimore city or count	Y OF DEATH MD.
of the control of the		Balto.	Deaton Nurs	ing Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	12b. KIND OF BUSINESS OR INDUSTRY
MARYLAND 21201 ed within 24 haurs of mpletely filled in by and 2 shauld be file examiner facts.	130	STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEINTY  131. CITY OR TO  Bal	to.   13d INSIDE CITY LIMITS?	13e STREET ADDRESS 3102 Westfield	1 Ave. 21214
MARYLA within ted within ompletely I and 2 shi	20	ATHER'S NAME John	MIDDLE Sta	dding 15 MOTHER'S MAIDEN NA	WIDDIE	Chrisstler
BALTIMORE, cate be execut systician and co apers. Pages I vol.		WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SE 2/2-03	-28910 Miss Floren	ce Zentgraf 3102	Westlield Ave.
201 W. PRESTON ST., es that the death certific ed by the attending ph please remove carbon p viral, cremation, or rema	NOI	Conditions, if ony, which gave rise to immediate couse lot, stating the underlying couse lost	DUE TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF THE CONSECUT	QUENCE OF	bscess	
TAL RECOI	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \( \) NO \( \)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir offending physician. Ifer this certificate has been sign as the burial-transit permit. Then hand Mental Hygiene prior tab arked ar them 18 shows any injury	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH P.M.	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	, FART 1 OR PART 2)
DIVISION ORTHONIC ORT	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDI intol ar TOR: A ar use ar use ar use ar use		saw the deceased alive or	ortal attended the deceased from		death accurred an the date and he	our and from the causes stated
the Dollar		227 SIGNATURE	Wheesen.	DEGREE  ATTENDING PHYSICIAN  226 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22¢ DATE SIGNED
O HOSPITAL etained by the TO FUNERAL should be detu- with the Store	1	KTULIAN C	UREED N	D. 6115.0	HAS. ST.BA	000 Mo >1230
7743BP		BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 23.	Lorraine Park. Cen		Balto. Md.
DHMH - 16 50M 7/77 (VR A 15 (4))	24	John C. Miller	Inc. 6415 Be	elair Rd.	HEINECO BY FEM IN MAR 256 REEM	STRANGER COMPANY

au. 7 7 04 11.5.A. 010. 610 . . . erion inaing order earstress ons co. · (0) 3112 estiled ve. 1.1' - x × 1 to time as minal en 0.0 213-03-201 iss loronce ordered 102 estind ve. no unia 1-3-79 consaine rank, on also. Ello. el. or iller ic. Till eine d. FOR - STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-01559

Contract of	CEASED NAME	FIRST		MIDDLE	L/	IST	20. DATE OF DEATH	MONIH	DAY	YE AR	2h HOL	
	OR PRINT)											JR
(	OK PRINT)	RAYMONI	D	EART.		ZEPP		1	20	70	10.0	20-
3. SE	X		RACE	PIRILLI	5 DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRT	THDAY)		ER TEAR	IF UNDER	2411
	MALE		WHITE		HTMOM		KX 59	WB6	MONTHS	DAYS .	HOURS	MIR
In BI	RTHPLACE (STATE OF	FOREIGN 7h	CITIZEN OF	WHAT COUNTRY?	8		9. BALTIMORE CITY O	PR COUN		EATH		_
	ARYLAND		U.S		MARRIED	NEVER MARRIED	BALTIM					
10.01	ITY OR TOWN OF D	EATH 11			WIDOWE	D DIVORCED TO ROTHER INSTITUTION	12a USUAL OCCUPATI			. KIND O	F DIJCINA	
4	ALTIMORE					ION HOSPITAL	(TYPE OF WORK FOR MOST O		LIFE) IN	DUSTRY		
)		1				TON LODETTAL	Truck Driv	dr	D.	avid	son	Co
13a. S	AL RESIDENCE (IFN	JRSING HOME OR OT	HER INSTITUTION	1. GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS					
M	ARYLAND	Carro	11	BALTIMOR	E	YES NO	R. WOODST	DE DE	STVE	2114	57	
14. FA	THER'S NAME	ALID.	DLE	LAST		15. MOTHER'S MAIDEN NA						
	EARL		L	ZEPP		LAURA	Marie		7	LAST PHTLI		
	VAS DECEASED EVE	R IN U.S. ARME	D FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRE			CILL	TES	
6	YES, NO OR UNKNOWN)	(IF YES, GIVE W		0110106	04	Virginia B.	Zepp Same	00 4	13			
	YES	WW.		2140106 r line for (a), (b), on		ATTENTE D.	reph panie	d3 #	- Pr	APPROXI	WAYE INDIE	DVAI
	Conditions, if ar gove rise to in couse (0), sto underlying cau	mmediate ting the	(b)_	DR AS A CONSEQUE								
ATION	gove rise to in couse (a), sta underlying cau	mmediate ting the ise last	DUE TO, O	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CON		GIVEN IN			D
RIFICATION	gove rise to in couse (o), sto underlying cou	mmediate ting the ise last	DUE TO, O	OR AS A CONSEQUE	ENCE OF			20b. IF Y		E FINDIN	IGS USE	TH?
CERTIFICATION	gove rise to it couse (o), sto underlying counderlying counderlying DATE OF OPER 21a. ACCIDENT WAS U	mmediate ting the use last GNIFICANT CO	DUE TO, O  (c)  NDITIONS C	OR AS A CONSEQUE	DEATH BUT I		200 AUTOPSY?	20b. IF Y	'ES, WER TIFYING YES []	E FINDIN CAUSES	IGS USE OF DEA	TH?
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AVESOR Co.

CHARLES HE ZEUNGES

11.7

NAME: Christina Ziemski

DATE OF DEATH: January 23, 1979

PLACE OF DEATH: Baltimore City

SEE: 79-04254
February

February, 1979 Baltimore, City

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES - 0 1 5 6 1

	REGISTRAR				CERTIF	ICATE OF D	EATH		, NO.			
	CEASED NAME	FIRST	N	NIDOLE	ı	AST		20. DATE OF DEATH		DAY	YEAR	26 HOUR
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3 SEX	K	2012	4 RACE		5. DATE C			6. AGE (IN YEARS LAST	BIRTHDAY)		DER I YEAR	IF UNDER 24 HRS
10	male		white		MONTH	8,	91	87	YR:	MONTH!	S DAYS	HOURS MIN
	RTHPLACE (STATE OR DUNTRY) MD	FOREIGN	76 CITIZEN OF V	WHAT COUNTRY	? 8 MARRIEI WIDOWE	NEVERA	AARRIED	9 BALTIMORE CIT			EATH	M
	TY OR TOWN OF DE		ST. A	OSPITAL, NURS FACILITY, GIVE STREE GNES HO	SPITAL	R OTHER INST	ITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MO Pumper 0	ST OF WORKING	GLIFE) IN	DUSTRY	Govt.
USUA 130 S	AL RESIDENCE (IF NUI	RSING HOME OR		GIVE RESIDENCE BEFO		13d INSIDE C	ITY HANITS?	13e. STREET ADDRES	55	200		
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	Willia			immermar	1		Annie	M.	E		Gosn	
16a V	VAS DECEASED EVE		MED FORCES?	166 SOCIAL SEC		17 INFORMA			DRESS G	len E		Le. Md.
IY	Yes, no or unknown)		WAR OR DATES)	215-09-	8939	Allen	W. Zim	merman, 4				
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rion	Mus	SNIFICANTO	al Ju	foretro	!	Pneu	moni	INAL DISEASE OR C		00.7		
CERTIFICATION	190 DATE OF OPER	ATION	. 19b. CONDI	DN FOR WHIC	H OPERATIO	N WAS PERFO	RMED	YES NO	IN CER			NGS USED OF DEATH?
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MEDI	WHILE TO NOT	WHILE	(AT HOME, STR	EET, FACTORY, OFFICE	, FARM, ETC.)	STREET		CITY OF	TOWN	cc	YINDO	STATE
	22a I certify that ( sow the decea above, (I) (we)	sed alive on	4 /	17_19	30	nd that in (my)	(aur) opinion	deoth occurred an th	e dote and	, 19 hour ond	/ /	that (I) (we) la causes stated
	22b. SIGNATURE	IN	in	1			TTENDING PHYSICIAN		STAFF YSICIAN		1/1	SIGNED
	A- C	SE ITYPE O		usu		SI-	Agne	of Horn	ital			, , (
23a. B	BURIAL, CREMATION	, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR	REMATORY	23d. LOCAFION CITY OR TOWN		COUN	TY	STATE
	Burial		01-20	-79 I	Loudon	Park C						ryland
24 FU	UNERAL DIRECTOR			ADDRESS		21229	25a DAT	E REC'D. BY REGISTE	CAR 25b. BEC	SISTRAR'S	SIGNAT	URE
Н	ubbard Fu	neral	Home, I		7 Wilk	ens Ave	. JAN	11 9 1970	den	Frey/	Ste C	nooly

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